NIMS
National Incident Management System

HC NIRF 04 – V08
Date issued: 01/09/2020

NATIONAL INCIDENT REPORT FORM (NIRF)

NIRF – 04 DANGEROUS OCCURRENCE/REPORTABLE CIRCUMSTANCE

NIMS record Number:

Incident: An event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Please complete this form to the best of your knowledge at the time of reporting the incident.

SECTION A: GENERAL INCIDENT DETAILS

Date of incident D D M M Y Y Y Y

Time of incident H H M M *Use 24 hour clock*

Location _____

_____ **Onsite** ☐ **Offsite** ☐

Description of incident: *The description should be brief and factual*

_____

_____

_____

_____

SECTION B: WHAT TYPE OF OCCURRENCE / CIRCUMSTANCE DID THIS RELATE TO?

(Tick 1 option from Sub Hazard, Please Specify & Problem/Cause)

Sub Hazard Type	Please Specify	Problem/Cause
☐ **Staff Factors**	☐ Competence ☐ Equipment Resources ☐ Knowledge and Skills ☐ Staff Resources ☐ Other, Please Specify _____	☐ Inadequate/Insufficient ☐ Unavailable
☐ **Organisational & Management Factors**	☐ Fire Regulations ☐ Infection Control Policy ☐ Medication Safety Policy ☐ Other Protocols/ Policies/ Regulations ☐ Smoking Policy ☐ Security ☐ Other, Please Specify _____	☐ Breached/Non-Compliant ☐ Inadequate/Insufficient
☐ **Environmental Factors**	☐ Food Safety ☐ General Hygiene ☐ Noise Level ☐ Overcrowding ☐ Disposal of Clinical Waste ☐ Pest Control ☐ Work Environment ☐ Water Supply ☐ Other, Please Specify _____	
☐ **Systems / Installations**	☐ CCTV Systems ☐ Electrical Installation ☐ Fire Systems ☐ IT Systems ☐ Power ☐ Telephone/Bleeper Systems ☐ Other, Please Specify _____	☐ Breached/Non-Compliant ☐ Failure ☐ Inadequate/Insufficient
☐ **Occupational Disease**	☐ Anthrax ☐ Malaria ☐ COVID-19 ☐ Measles ☐ Other, Please Specify _____	☐ Notifiable ☐ Unnotifiable
☐ **HSA Dangerous Occurrence**	☐ Building under Construction/Demolition ☐ Breathing Apparatus ☐ Closed Vessel ☐ Dangerous Substance/Pathogen ☐ Explosives ☐ Flammable Chemical ☐ Load Bearing Part ☐ Pipeline ☐ Plant/Place ☐ Revolving Mechanical Component ☐ Scaffolding ☐ Vehicle/Tank Carrying Dangerous Substance ☐ Vehicle/Train/Locomotive ☐ Walls/Floors of Building ☐ Other, Please Specify _____	☐ Accidental Collision ☐ Burst ☐ Collapse ☐ Contact with Overhead Lines ☐ Explosion ☐ Failure ☐ Fire ☐ Ignition ☐ Overturning ☐ Uncontrolled/Accidental Release
☐ **Other**	☐ Other, Please Specify _____	☐ Breached/Non-Compliant ☐ Failure ☐ Inadequate/Insufficient

SECTION C: IMMEDIATE ACTIONS TAKEN

SECTION D: REPORTED BY: *person who discovers the incident and unless otherwise stated within the organization, this person is responsible for completing the NIRF.*

First name

Surname

Date notified D D M M Y Y Y Y

Category of person *E.g. Social Worker, Pubic Health Nurse, etc.*

Local system reference no.

SECTION E: WITNESS DETAILS (Name, Contact No. etc.)

SECTION F: NOTES

SECTION G: SIGNATURES

Reporter Signature: **Date:** D D M M Y Y Y Y

Title:

Line Manager Signature: (where required) **Date:** D D M M Y Y Y Y

Title: