[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Dental practice incident report

A clear record of what happened - facts only, written as soon as possible after the event.

Date	[Date]
Time	[Time]
Reported by	[Name and role]
Area (surgery / waiting room / decontamination)	[Where it happened]
Persons involved	[Names]
Witnesses	[Names, if any]
Severity	[Low / Medium / High]

What happened

[Describe what happened, in order. Stick to facts - what was seen and done, not opinions.]

Immediate action taken

[e.g. area made safe, first aid given, manager informed]

Follow-up required

[e.g. repair booked, retraining arranged, report filed with insurer]

For clinical incidents, also complete your organisation’s clinical governance reporting. This form is a general template, not a substitute for statutory reporting.

Sign-off

Reported by	Manager	Date