**Incident Reporting Form**

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| Date/Time/Place  |
| Who was involved? |
| What happened? |
| What was the outcome? |
| Was the incident reported to the principal dentist or practice manager at the time? |
| Has the incident been investigated? |
| Who investigated it? |
| What was investigated? |
| What could have been done to avoid the problem? |
| Has a new system or method been applied or updated? |
| What changes have been implemented? |
| Have all staff been made aware of these changes? |
| Where was this discussed or notified? |