

INCIDENT INITIATION FORM

Time of call:

Date:

Name of Caller:

Organisation:

Tel No:

Major Incident	Declared or Stand-by (Inc Date & Time of Declaration)	
Exact location	Exact location / geographical area of incident	
Type of Incident	Flooding / Fire / Utility failure / HazMat / Disease outbreak etc	
Hazards	Present and potential	
Access	Effective routes for access and egress / Inaccessible routes/ RVPs	
Number of Casualties	Numbers and Types (P1, P2, P3 and dead)	
Emergency Services	Required / On-scene	
Start a log	Intentions / Actions	
	Support / Mutual Aid required	

Signature (once completed) :