Incident Report

(for completion by Project Manager)

**Incident Reference**:

**Name and Position of Person completing form:**

**Date Report Completed and Submitted:**

**Category:** Health and Safety Environmental Social GBV, SEAH, HT, VAC Multiple

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1. **How did you find out about the incident?**
2. **Where and when did the incident occur?**
3. **What happened? To what, where or to whom? What were conditions or circumstances?**

|  |
| --- |
| 1. **Are facts clear & uncontested or conflicting versions of the incident?**Clear? Uncontested?   Unclear? Contested? |

1. **Is the incident still ongoing or is it contained?** Ongoing? Contained?

**6. Does the incident involve**: Loss of life? Severe harm? GBV, HT, SEA or VAC?

Significant environmental impact? Significant social impact?

**7. How serious was the incident**? Apply Incident Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEAR MISS**

**SEVERE**

**SERIOUS**

**SENSITIVE**

**INDICATIVE**

**8. Has reporting been made to**: PIU? CIU? Project Steering Committee? RMI EPA?

World Bank? Family Member?

**9. What, if any, additional follow up action is required, by who, and associated timelines?**