Meadow Lane Dental Practice

Dental practice incident report

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

Date: _____

Time: _____

Reported by: _____

Area (surgery / waiting room / decontamination):

_____

Persons involved: _____

Witnesses: _____

Severity: _____

What happened Describe what happened, in order. stick to facts - what was seen and done, not opinions. as agreed at the meeting.

Immediate action taken Area made safe, first aid given, manager informed

Follow-up required 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:** _____