✓ ChecklistGuro

Incident Reporting Protocol

Incident Identification & Initial Response

Focuses on recognizing incidents, ensuring immediate safety, and providing initial support to those involved.

Type of Incident?

☐ Injury

☐ Security Breach

☐ Property Damage

☐ Guest Complaint

☐ Accident

☐ Other

Brief Description of Incident

Write something...

Exact Location of Incident

📍 Set My Current Location

Google   Map data ©2025

Time of Incident

Immediate Actions Taken?

☐ First Aid Provided

☐ Area Secured

☐ Police Notified

☐ Guest Comforted

☐ None

Number of People Involved

Enter a number...

Description of Immediate Response (e.g., first aid administered, area secured)

Write something...

Photos/Videos of Scene (if applicable)

⬆ Upload File

Reporting Procedures

Details the steps to formally report the incident, including who to notify and required information.

Incident Severity Level

☐ Low

☐ Medium

☐ High

☐ Critical

Reporting Method Used

☐ Paper Form

☐ Online System

☐ Verbal Report (Followed by Written Record)

Brief Description of Incident

Write something...

Number of People Involved

Enter a number...

Date of Incident

Enter date...

Time of Incident

Specific Location of Incident

📍 Set My Current Location

Initial Response Team Contacted (if applicable)

- ☐ Security
- ☐ Management
- ☐ Maintenance
- ☐ Medical Personnel
- ☐ None

Name of Person Completing Report

Write something...

Documentation & Record Keeping

Covers the accurate and thorough recording of incident details and related documents.

Date of Incident

Enter date...

Time of Incident

Specific Location of Incident

📍 Set My Current Location

Detailed Description of Incident (including what happened, who was involved, and any immediate actions taken)

Write something...

Number of People Directly Affected

Enter a number...

Statements from Involved Parties (witnesses, victims, staff)

Write something...

Photographs or Video Evidence (if applicable)

⬆ Upload File

Type of Incident (e.g., Injury, Property Damage, Security Breach)

☐ Injury

☐ Property Damage

☐ Security Breach

☐ Guest Complaint

☐ Other

Reporting Staff Member Name

Write something...

Reporting Staff Member Signature

Investigation & Analysis

Outlines the process for investigating the incident, identifying root causes, and determining corrective actions.

Detailed Description of Incident Circumstances

Write something...

Potential Contributing Factors

☐ Equipment Failure

☐ Human Error

☐ Lack of Training

☐ Environmental Conditions

☐ Process Deficiencies

☐ Other (Specify)

Number of Witnesses

Enter a number...

Precise Incident Location (GPS coordinates or detailed description)

Set My Current Location

Witness Statements (if applicable)

Write something...

Severity Assessment (e.g., Minor, Moderate, Severe)

☐ Minor

☐ Moderate

☐ Severe

Date of Investigation

Enter date...

Time of Investigation Started

Corrective Actions & Follow-Up

Focuses on implementing solutions to prevent recurrence and monitoring their effectiveness.

Root Causes Identified (Select all that apply)

- ☐ Equipment Failure
- ☐ Human Error
- ☐ Lack of Training
- ☐ Process Deficiencies
- ☐ Environmental Factors
- ☐ Communication Breakdown

Detailed Description of Corrective Actions

Write something...

Planned Completion Date for Corrective Actions

Enter date...

Estimated Cost of Corrective Actions

Enter a number...

Departments Involved in Corrective Actions (Select all that apply)

☐ Front Office

☐ Housekeeping

☐ Food & Beverage

☐ Maintenance

☐ Security

☐ Management

Date Corrective Actions Implemented

Enter date...

Summary of Verification/Validation Process (How was the effectiveness of corrective actions verified?)

Write something...

Effectiveness of Corrective Actions

☐ Fully Effective

☐ Partially Effective

☐ Not Effective

Any Unexpected Outcomes or Challenges during Corrective Actions

Write something...

Communication & Stakeholder Management

Addresses communicating incident details to relevant parties and managing their expectations.

Select Primary Contact Method for Initial Notification:

- ☐ Phone
- ☐ Email
- ☐ In-Person
- ☐ SMS/Text Message

Summary of Communication Made to Affected Guests/Customers:

Write something...

Was Legal Counsel Notified?

- ☐ Yes
- ☐ No

Was Insurance Company Notified?

- ☐ Yes
- ☐ No

Record of Communication with Regulatory Bodies (e.g., Health Department, Tourism Board):

Write something...

Date of Initial Communication with Stakeholders

Enter date...

Time of Initial Communication with Stakeholders

Select all stakeholders notified:

☐ Management

☐ Security

☐ HR

☐ Affected Guests/Customers

☐ Local Authorities

Training & Awareness

Ensures all staff understand their responsibilities regarding incident reporting and prevention.

Employee Name

Write something...

Training Module Completed (Select all that apply)

☐ Incident Identification

☐ Reporting Procedures

☐ First Aid Basics

☐ Emergency Response

Training Completion Date

Enter date...

Briefly describe your understanding of incident reporting responsibilities.

Write something...

Which of the following are common incident types you should report?

- ☐ Guest Injury
- ☐ Property Damage
- ☐ Security Breach
- ☐ Lost & Found
- ☐ Employee Injury

Who should you initially contact in case of an incident?

- ☐ Your Supervisor
- ☐ Security Personnel
- ☐ The Front Desk

Review & Improvement

Establishes a process for periodically reviewing the incident reporting protocol and making necessary adjustments.

Date of Last Protocol Review

Enter date...

Summary of Review Findings

Write something...

Areas for Potential Improvement Identified?

☐ Reporting Forms

☐ Training Materials

☐ Communication Channels

☐ Investigation Procedures

☐ Documentation Standards

☐ None Identified

Number of incidents reported since last review?

Enter a number...

Detailed Description of Proposed Changes

Write something...

Target Date for Implementation of Changes

Enter date...

Review Approved by (Select Position)

☐ General Manager

☐ Operations Manager

☐ Safety Manager

☐ HR Manager

Reviewer Signature