Din BemanningsPartner - Incident Report Form

Title	Varsling av krittverdige forhold (skjema)	Department	Unspecified
Created date	07/12/2020	Type	Instruction
Document number	HMS:405-1	Last revised	
Audit report number		Last revised by	
Approved by		Category	4. Personalrelatert

This form is completed and delivered physically to the immediate superior to whom it is notified. The form can be used anonymously. In the case of oral notification, the form is filled in by the recipient of the notification and the person notifying.
It is important that notifications familiarize themselves with the notification routine so that the notification is carried out correctly. It is also important to be as specific and objective as possible in the descriptions.

Date of notification:

When and where the incident occurred?

Describe the incident

Were there witnesses to the incident?

Is there documentation in the case?

Is it known if this has happened before?

Has it been recorded with anyone / reported to anyone?

Suggestion for action:

Name of the person / persons notifying (please mention if you want anonymity):

To be filled in by the recipient

Date of receiving the form: Receiver name: ..... Receiver signature: ..... Forwarded to: .....

Form to be sent to:	Kvalitetsleder(Quality Manager)	jorgen@db-partner.no
	Daglig leder(Administrative Director)	ruben@db-partner.no