

Incident Management Report

Date: [Insert Date]

Report Prepared By: [Insert Your Name]

Incident Number: [Insert Incident Number]

Incident Description

[Provide a detailed description of the incident, including what happened, when it happened, and where it occurred.]

Impact Assessment

[Discuss the impact of the incident on operations, employees, and customers.]

Actions Taken

[Outline the steps taken to address the incident immediately following its occurrence.]

Root Cause Analysis

[Explain the underlying causes that contributed to the incident.]

Recommendations

[Provide suggestions for preventing similar incidents in the future.]

Conclusion

[Summarize the findings and the importance of the actions taken.]

Signature: _____

Date: _____