

YOUR SECURITY COMPANY

# INCIDENT REPORT

Complete as soon as possible after the incident. Facts only, with times.

YOUR LOGO HERE

|                      |                           |                      |          |
|----------------------|---------------------------|----------------------|----------|
| Report number        | Report date               | Shift                | Severity |
| <input type="text"/> | <input type="text"/>      | Day                  | Low      |
| Post                 | Reporting guard PSIRA no. | Armed response unit  |          |
| <input type="text"/> | <input type="text"/>      | <input type="text"/> |          |

## A. INCIDENT DETAILS

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Date of incident     | Time                 | Site                 | Exact location       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Type of incident (tick all that apply)

|                                           |                                              |                                             |                                                |
|-------------------------------------------|----------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Theft            | <input type="checkbox"/> Burglary / break-in | <input type="checkbox"/> Trespass           | <input type="checkbox"/> Vandalism / damage    |
| <input type="checkbox"/> Alarm activation | <input type="checkbox"/> Suspicious person   | <input type="checkbox"/> Suspicious vehicle | <input type="checkbox"/> Access control breach |
| <input type="checkbox"/> Near miss        | <input type="checkbox"/> Other               |                                             |                                                |

## B. PEOPLE INVOLVED AND INJURIES

|                      |       |        |                      |
|----------------------|-------|--------|----------------------|
| Person 1 - name      | Role  | Injury | Contact number       |
| <input type="text"/> | Staff | None   | <input type="text"/> |
| Person 2 - name      | Role  | Injury | Contact number       |
| <input type="text"/> | Staff | None   | <input type="text"/> |

## C. WHAT HAPPENED

In order: what you saw, heard and did, with times.



YOUR SECURITY COMPANY

# INCIDENT REPORT

Response, reporting, follow-up and sign-off

YOUR LOGO HERE

## D. RESPONSE TIMELINE

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Reported             | Responded            | Area made safe       | Manager informed     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## E. REPORTING AND EVIDENCE

|                                       |                                    |                                           |                                          |
|---------------------------------------|------------------------------------|-------------------------------------------|------------------------------------------|
| SAPS station (if reported)            | SAPS case number (CAS)             | Insurance claim no.                       |                                          |
| <input type="text"/>                  | <input type="text"/>               | <input type="text"/>                      |                                          |
| <input type="checkbox"/> Photos taken | <input type="checkbox"/> CCTV kept | <input type="checkbox"/> Statements taken | <input type="checkbox"/> Client informed |

## F. WITNESSES

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Witness 1            | Contact number       | Statement            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Witness 2            | Contact number       | Statement            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## G. ROOT CAUSE AND FOLLOW-UP

Why did it happen?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Action 1             | Owner                | Due date             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Action 2             | Owner                | Due date             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Action 3             | Owner                | Due date             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## H. SIGN-OFF

|                                                           |                      |                      |
|-----------------------------------------------------------|----------------------|----------------------|
| Reported by (guard) - signature                           | Full name            | Date                 |
| <div><div>SIGN</div><div><input type="text"/></div></div> | <input type="text"/> | <input type="text"/> |
| Supervisor / manager - signature                          | Full name            | Date                 |
| <div><div>SIGN</div><div><input type="text"/></div></div> | <input type="text"/> | <input type="text"/> |

On a phone: open in Adobe Acrobat Reader and use Fill & Sign. A typed name and date are always accepted.



## BEFORE YOU TEST THIS FILE

1. This file is a sample prepared for Your Security Company to show how a custom version would work.
2. It is not licensed for business use: do not use it for real guards, sites, clients or pay.
3. No redistribution: do not copy, share, resell or pass it on.
4. The sample is deliberately limited (one form, sample layout); the names, sites and amounts in it are made up.
5. The full version is made to order: your logo and colours, your own fields, rules, prices and lists, unlimited rows, and no sample marks.
6. The layout and formulas remain the property of The Process until the full version is paid for.

Contact: The Process - [iamtheprocess.com](https://iamtheprocess.com)

(c) 2026 The Process - [iamtheprocess.com](https://iamtheprocess.com). All rights reserved.

SAMPLE

