Details of the report:
Reporting Body:
Address:
Post Code:
Reporter:
Position:
Tel No:
Email:
Your Reference:

Location of the incident:
As Reporter:
Facility/Building:
Ward/Dept:
Local Contact:
Position:
Tel No:
Email:

Details of device:

<table>
<thead>
<tr>
<th>Product</th>
<th>Catalogue No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>Serial No</td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Supplier</td>
<td></td>
</tr>
<tr>
<td>Batch No</td>
<td>Expiry date</td>
</tr>
<tr>
<td>Date of mfr</td>
<td>Quantity defective</td>
</tr>
</tbody>
</table>

Location of device now

Is there a CE-mark?  
If YES, was the manufacturer or supplier contacted?

Incident Details:
Date of Incident

Was there a fatality?  
Was an injury caused?

Injury details:

Nature of defect / details of incident:

Action taken by staff:

PLEASE NOTE IT IS ILLEGAL TO SEND CONTAMINATED ITEMS THROUGH THE POST. 
If you still have the incident device please retain it and await further instructions from the NIAIC.

Signed  Date

Please send completed form to:  Northern Ireland Adverse Incident Centre, Health Estates, Stoney Road, Dundonald, BT16 1US, Fax 028 90523900, Preferred method e-mail:  niaic@dhsspsni.gov.uk

Version 2008/1