

[organization name]

Major Incident Report

Report number: [] Date and time: [] Report date: [] Date and time: []

Major Incident Record		
Incident ID	Incident Name	Incident Status
Identification		
Business impact		
Resolution		
Timeline		
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
	[dd.mm.yyyy]	[hh:mm]
		[hh:mm]
		[hh:mm]
Escalation		

Commented [20A1]:

Commented [20A2]:

Commented [20A3]:

Commented [20A4]:

Commented [20A5]:

Commented [20A6]:

Commented [20A7]:

Commented [20A8]:

Commented [20A9]:

Commented [20A10]:

Commented [20A11]:

[organization name]

[Job title]

[Name]

[Signature]

Commented [20A12]: Only necessary if the Procedure for Document and Record Control prescribes that paper documents must be signed.