**Sample CNC Serious Occurrence Report Form**

**SPO Name:**

**Site Name:**

**Phone Number:**

**Name of Coordinator:**

**Name of IRCC Officer:**

|  |  |
| --- | --- |
| **Date and Time:**   | **Name of person reporting:**   |
| **Name(s) of witnesses:**   |
| **Description of the Occurrence:**   |
| **Description of actions taken:**   |
| **Follow up Actions:**   |

**Has the occurrence been resolved?** **[ ]  Yes** **[ ]  No**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_