



Business & Computing Examinations (BCE)

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Centre Incident Report Form

| | | | |
|--|--|---|--|
| Name and Address of Centre: | | | |
| Centre Head Name: | | BCE Centre No.: | |
| Type of Incident* | | | |
| Date and Time of incident: | | Date and time incident was reported: | |
| Location of incident (e.g. computer lab): | | | |
| Details of what happened: | | | |
| Contributory factors identified: | | | |
| Immediate action taken: | | | |
| Control measures planned: | | | |
| Other parties informed: | | | |

Please email the completed form to: info@bceexam.com

* Types of incidents could be (but not limited to):

- Security (unauthorised access, virus attack, system failure, compromise, breach)
- Fire
- Theft
- Flooding
- Rescue
- Security

- Assault
- Injury/illness
- Substance leakage
- Electric shock
- Explosion/gas exposure
- Security evacuation
- Structure collapse
- Accident

Report compiled by:

Signature:

Date: