

Hospital Power Outage Incident Report Form

Date of Incident

Time of Incident

Reported By (Name & Position)

Department/Unit

Location of Incident (Building/Floor/Room)

Duration of Power Outage

Areas Affected

Backup Generator Activated?

Effect on Patient Care/Services

Suspected Cause (if known)

Immediate Actions Taken

Reported To (Name/Position)

Additional Notes/Recommendations

Signature

Date