

# Incident Report for Serious Incidents under the AI Act (High-risk AI systems)

Reporting Template Version: 1.0.0

(SB-10407)

## Section 1: Administrative information

### 1.1 Responsible market surveillance authority in which country the incident occurred

a Name of receiving market surveillance authority

b Reference number assigned by market surveillance authority for this incident

### 1.2 Date, type, and classification of incident report

a Date of report submission

in format YYYY-MM-DD

b

Date of incident

in format YYYY-MM-DD

to

c Date and time of detection of the incident

in format YYYY-MM-DD

d

Manufacturer awareness date of reportability

in format YYYY-MM-DD

e Type of report

- ☐ Initial
- ☐ Follow up
- ☐ Combined initial and final
- ☐ Final (Reportable incident)
- ☐ Final (Non-reportable incident)

f In case of initial and follow-up reports, please indicate the expected date of the next report

in format YYYY-MM-DD

g Classification of serious incident

- ☐ Death
- ☐ Harm to a person's health
- ☐ Disruption of the management of critical infrastructure
- ☐ Disruption of the operation of critical infrastructure
- ☐ Infringement of obligations under Union law intended to protect fundamental rights
- ☐ Harm to property
- ☐ Harm to environment
- ☐ All other reportable incidents

### 1.3 Submitter information

#### 1.3.1 Submitter of the report

a ☐ Provider ☐ Deployer ☐ Authorised representative ☐ Other, please specify

#### 1.3.2 Provider information

a Provider organisation name

b Contact's first name

c

Contact's last name

<b>d</b>	Email <input type="text"/>	<b>e</b>	Phone <input type="text"/>
<b>f</b>	Country		
<b>g</b>	Street <input type="text"/>	<b>h</b>	Street number <input type="text"/>
<b>i</b>	Address complement <input type="text"/>	<b>j</b>	PO Box <input type="text"/>
<b>k</b>	City name <input type="text"/>	<b>l</b>	Postal code <input type="text"/>
<b>1.3.3 Authorised representative information</b>			
<b>a</b>	Authorised representative organisation name <input type="text"/>		
<b>b</b>	Contact's first name <input type="text"/>	<b>c</b>	Contact's last name <input type="text"/>
<b>d</b>	Email <input type="text"/>	<b>e</b>	Phone <input type="text"/>
<b>f</b>	Country		
<b>g</b>	Street <input type="text"/>	<b>h</b>	Street number <input type="text"/>
<b>i</b>	Address complement <input type="text"/>	<b>j</b>	PO Box <input type="text"/>
<b>k</b>	City name <input type="text"/>	<b>l</b>	Postal code <input type="text"/>
<b>1.3.4 Submitter's details if not also provider or authorised representative</b>			
<b>a</b>	Registered commercial name of company <input type="text"/>		
<b>b</b>	Contact's first name <input type="text"/>	<b>c</b>	Contact's last name <input type="text"/>
<b>d</b>	Email <input type="text"/>	<b>e</b>	Phone <input type="text"/>
<b>f</b>	Country <input type="text"/>		
<b>g</b>	Street <input type="text"/>	<b>h</b>	Street number <input type="text"/>
<b>i</b>	Address complement <input type="text"/>	<b>j</b>	PO Box <input type="text"/>
<b>k</b>	City name <input type="text"/>	<b>l</b>	Postal code <input type="text"/>

1.3.5	Information about other incident obligations
	Incident was already reported to: <div></div>
	Under Regulation/Law

## Section 2: AI System information

<b>2.1</b>	<b>Categorisation of system</b>		
<b>a</b>	EU Database registration id <input type="text"/>		
<b>2.2</b>	<b>Description of system and commercial information</b>		
<b>a</b>	System name (brand/trade /proprietary or common name) <input type="text"/>		
<b>b</b>	Description of the System and its intended purpose <input type="text"/>	Nomenclature text <input type="text"/>	
<b>c</b>	Model <input type="text"/>	<b>d</b>	Catalogue/reference number <input type="text"/>
<b>e</b>	Serial number <input type="text"/>	<b>f</b>	Lot/batch number <input type="text"/>
<b>g</b>	Software version <input type="text"/>	<b>h</b>	Firmware version <input type="text"/>

## Section 3: Incident information

### 3.1 Nature of incident

- a** Provide a comprehensive description of the incident, including (1) what went wrong with the system (if applicable) (2) a description of the effects (if applicable) and (3) likely causality.

### 3.2 AI System information

- a** Estimated number of users affected

- b** Operator of system at the time of the incident

☐ Professional user ☐ Other, please describe

- c** Remedial actions taken subsequent to the incident

### 3.3 Initial reporter

- a** Contact's first name

- b** Contact's last name

- c** Email

- d** Phone

- e** Country

☐ if other, please specify

- f** Street

- g** Street number

- h** Address complement

- i** PO Box

- j** City name

- k** Postal code

## Section 4: Provider analysis

### 4.1 Provider's preliminary comments

**a** For **initial** and **follow-up** reports: preliminary results and conclusions of provider's investigation

**B** Initial actions (corrective and/or preventive) implemented by the provider

**c** What further investigations do you intend in view of reaching final conclusions?

### 4.2 Cause investigation and conclusion

**a** **For Final (Serious incident):** Description of the providers's evaluation concerning possible root causes /causative factors and conclusion

**b** **For Final (Non-reportable incident):** Fill out rationale for why this is considered not reportable

**c** Has the risk assessment been reviewed ?  
☐ Yes ☐ No      If 'No', rationale for no review required:

If the risk assessment has been reviewed, is it still adequate?

☐ Yes ☐ No

Results of the assessment:

## Section 5: General comments

Submission of this report does not represent a conclusion by the provider and / or authorised representative or the market surveillance authority that the content of this report is complete or accurate, that the AI system(s) listed failed in any manner and/or that the AI system(s) caused or contributed to the alleged serious incident.

I affirm that the information given above is correct to the best of my knowledge.

Date

2026/01/01 02:00