

## Critical Incident Report Form

An incident can be defined to include all of the following:

- Any injury to a person, or
- Damage to Plant or Property, or
- A “near-miss” where there was potential for injury or damage

If you feel the **incident is serious** inform any of the management team **immediately**.

<b>Person Reporting:</b>		<b>Date of Incident</b>	
<b>Location of Incident:</b>		<b>Time of Incident</b>	
<b>Employee Incident Information</b>			
<b>Date of Incident</b>		<b>Time of Incident</b>	
<b>Employee Name</b>			
<b>Employee Role</b>			
<b>Location</b>			
<b>Names of staff present</b>			
<b>Names of others present/witnesses if applicable</b>			
<b>Description of the incident including events leading up to or immediately following</b>			

<b>Actions taken</b>			
<b>Suggested actions</b>			
<b>Name of Person Reporting Incident</b>		<b>Reporting Staff Name</b>	
<b>Name of Person Reporting Incident Signature</b>		<b>Reporting Staff Signature</b>	
<b>Date</b>		<b>Date</b>	

Management to Complete			
Severity of Incident: <input type="checkbox"/> Extreme <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Outcome: <input type="checkbox"/> Incident Eliminated <input type="checkbox"/> Incident recorded in the Critical Incident Log <input type="checkbox"/> Incident Risk Reduced <input type="checkbox"/> Police report lodged and recorded on Critical Incident Log <input type="checkbox"/> Other (please specify)			
If police were notified, provide: Date Police Report was made: Police Report Number: Name of Police Officer spoken to:			
Comments:			
CEO Name			
Signature		Date	