

Critical Incident Report Form

Type of Incident (please tick)

Injury to staff <input type="checkbox"/>	Injury to student <input type="checkbox"/>	Theft / Loss <input type="checkbox"/>	Property damage <input type="checkbox"/>
Vehicle accident <input type="checkbox"/>	Environmental damage <input type="checkbox"/>	Fire <input type="checkbox"/>	Assault <input type="checkbox"/>
			Other <input type="checkbox"/>

Details of Critical Incident

Date: _____ Time: _____ am pm

Location: _____

Person(s) involved (including witnesses)

Name	Address	Phone No

What activity or program was underway?

Description of Incident

Critical Incident Report Form	Version: 16.0	Issue Date: 10 July 2024	Review Date: 01 July 2025
Managed By: VET Coordinator	Authorized By: CEO		Page 1 of 2

Description of Injury

Description of damage

Reported to Police? ☐ Yes ☐ No

Did any other service attend? (If yes, attach a copy of the report)

Reported By: _____ Signature: _____

Chief Executive Officer recommended action

Signature: _____ Date _____