

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**.

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

Actions taken			
Suggested actions			
Name of Person Reporting Incident		Reporting Staff Name	
Name of Person Reporting Incident Signature		Reporting Staff Signature	
Date		Date	

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	