

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					

Document Name: Critical Incident Report Form		RTO Code: 91770	CRICOS Code: 04234E
Version: SSS_FR_04_V.01	Approved: May 2024	Review Date: May 2025	Page 1 of 3

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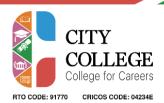


Actions taken		
Suggested actions		
Name of Person Reporting Incident	Reporting Staff Name	
Name of Person Reporting Incident Signature	Reporting Staff Signature	
Date	Date	

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Management to Complete					
Severity of Incident: ☐ Extreme	☐ High	☐ Medium	□Low		
Outcome: Incident Eliminated	☐ Inci	dent recorded in th	e Critical Inci	identLog	
☐ Incident Risk Reduced	□Poli	ce report lodged an	d recorded o	n Critical	Incident Log
☐ Other (please specify)					
If police were notified, provide:					
Date Police Report was made	2:				
Police Report Number:					
Name of Police Officer spoke	n to:				
Comments:					
CEO Name					
CEO Name					
Signature		Date			

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