

Critical Incident Form

Part A

| | | | | |
|---|---------------------------------|--|---------------------------------|--|
| Details of Person completing the form | Name | | | |
| | Phone no: | | | |
| | Email address | | | |
| Date and Time of Incident | | | | |
| Location of the incident | | | | |
| Brief description of Incident | Type of Incident: | | | |
| | Description of Incident: | | | |
| Name and contact details for witnesses to the incident | | | | |
| Was anyone injured | No (Complete Part C) | | Yes (Complete part B) | |

Part B

| | | | | |
|----------------------------------|----------------------------------|-------------------------------|---------------------------------|--|
| Details of Injured Person | Name | | | |
| | Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| | Date of Birth | | | |
| | Contact details | | | |
| | Emergency contact details | | | |
| Description of Injury | | | | |



| | |
|---------------------------|--|
| Treatment Required | <input type="checkbox"/> No <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other, please specify _____ |
|---------------------------|--|

Part C

| | | |
|---|-----------------------|----------------|
| Description of damage | | |
| Were there any other services involved/attended? (If yes, attach a copy of the report) | | |
| Person involved | | |
| Name | Contact Number | Address |
| | | |
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| | | |
| Recommended Actions Taken by Australian Engineering College | | |
| | | |
| Sign: | Date: | |
| | | |