



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			



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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:	



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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:			
Manager Name:			
Signature:		Date:	