

APPENDIX ONE: CRITICAL INCIDENT REPORT FORM

Date of incident: ____/____/____ Time of incident: _____

Location (include address where applicable): _____

Name of person completing form: _____

Position: _____

1. Staff/Contractors/Students involved in the incident:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

2. Members of the public involved in the incident:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

3. Description of incident and background (events immediately before the incident, what happened in the incident, witnesses to the incident and any other relevant information):

4. Contact with emergency services (Police, Fire Brigade, Ambulance) and time contacted?

1. _____
2. _____
3. _____
4. _____
5. _____

5. Actions taken to date: (include date and time of contact with Academic Director and other agencies were informed, as well details of support provided):

1. _____
2. _____
3. _____
4. _____
5. _____

6. Follow up actions to be taken:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

_____ (Signature of Employee)	Date: _____
_____ (Signature of Executive Officer)	Date: _____