Critical Incident Report Form

Section 1 –Details of Injured Person			
Full Name:		**Student No:**	
Contact Tel:		**Mobile:**	
Address:			
Email:			

Section 2 – Details of Incident			
Date of Incident:		**Time:**	___ ___/___ ___ am/pm
Location of Incident:			
Reported to:		**Position Title:**	

Description of incident: (What and how the incident occurred)

Section 3 – Details of Injury and Treatment

Description of injury:

Treatment Provided:

☐ None Required

☐ First Aid (please describe)

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……

☐ Treated by:

……

☐ Taken to Doctors Surgery (provide detail)

……

……

☐ Taken to Hospital (provide detail) ……

……

☐ Ambulance called and attended

Further Treatment Recommended:

☐ None

☐ Other (please describe)

Section 4 – Witnesses to Incident			
The following persons witnessed the incident:			
Name 1:		**Contact:**	
Address:			
Signature 1:		**Date:**	/ /
Name 2:		**Contact:**	
Address:			
Signature 2:		**Date:**	/ /
Section 5 – Signatures			
Supervisor:			
Signed:		**Position:**	
Print Name:		**Date:**	
First Aider:			
Signed:		**Position:**	
Print Name:		**Date:**	
Director:			
Signed:		**Position:**	
Print Name:		**Date:**	

Admin Use Only			
Reported to Insure:	☐ Yes ☐ No	**Date:**	/ /
Reported By:		**Signature:**	
Reported to Worksafe:	☐ Yes ☐ No	**Date:**	/ /
Reported By:		**Signature:**	