



CRITICAL INCIDENT REPORT FORM

INCIDENT DETAILS:

Incident involved:	<input type="checkbox"/> Domestic Students	<input type="checkbox"/> International Students	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Date of Incident:	First Response Officer:		Campus/Location:	
Time of Incident:	Names of the Affected Person(s):			
Type of Incident:				

INCIDENT PARTICULARS:

Description of the Incident:

What, if any, damage was sustained by personnel or infrastructure?

ACTION TAKEN:

Describe the response or what actions were carried out to manage or contain the situation.

Steps to be undertaken:

The following is required to undertake the above:

List any potential vulnerabilities that still exist, communication gaps, technical and procedural recommendations, and the overall effectiveness of the response plan.

Does this incident have any implications for policy or management? What, if anything, do we need to change to prevent an incident like this recurring?

Is a risk assessment needed?

Were any emergency services or any external agencies called? If yes, what was their response and/or advice?

FIRST RESPONSE OFFICER DECLARATION:



I declare that the information provided by me is true and correct. I agree that the information as provided in this Critical Incident Form accurately records the incident and action taken during and after the incident.

 First Response Officer Name:

Date signed:

CEO / Academic Director / QARD DECLARATION:

I declare that the information recorded by me is true and correct. I declare all rectification steps as outlined above have been implemented/actioned.

 Name:

Date signed:

OFFICE USE ONLY:

<input type="checkbox"/> Presentation of Incident Report to CEO & Board? Date:	<input type="checkbox"/> Review of Incident Report by Executive Management Date:	<input type="checkbox"/> Changes to policy and/or processes required? Date:
<input type="checkbox"/> Changes to policy and/or processes actioned Date:	<input type="checkbox"/> Outcomes shared with staff and students Date:	<input type="checkbox"/> Implementation Plan shared Staff & Students? Date: