

Critical Incident Report

This evaluation form is to be completed following an incident.

Type of incident (Please Tick the relevant

☐ Injury to staff ☐ Injury to student ☐ Property damage ☐ Environmental damage ☐ Assault ☐ Fire ☐ Theft / Loss ☐ Other, please specify

Incident name:		Date of incident:	
Time & Location of incident:		Critical incident team leader:	
Person(s) involved			
Brief description of incident that occurred:			
Description of Injury			
Description of Damage			

1. What action was taken to address the incident, including follow up action?

2. Please identify any issues that may have contributed to, or caused the incident

3. What steps could be taken to reduce the risk of the incident occurring again?

4. Please identify ways in which the response to the incident could be improved.

Report completed by			
Name & Title:			
Signature:		Date:	/ /
ADMIN ONLY			
Improvements suggested (Q3 & 4)? <u>If yes:</u>	<input type="checkbox"/> / NA	Date: _____	Initial: _____
Added to Feedback Register?	<input type="checkbox"/> / NA	Date: _____	Initial: _____
Added to Management Meeting Agenda?	<input type="checkbox"/> / NA	Date: _____	Initial: _____