

Critical Incident Report

PART 1 - INCIDENT DETAILS									
Incident Report Number	(assign a unique number to each report prefixed by the year eg. 12-001)	Date							
Person affected: (If more than one list names as attachment)									
Student	Lecturer	Administrator							
Surname		Gender	☐ Male ☐ Female						
Given Names									
Department									
Date of Incident/ Accident	/	Time	<u> : </u>						
Description of Incident/Accident									
Location of Incident/Accident									



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WITNESSES								
Witness 1								
Full Name				Contact	Number			
Address				-				
Witness 2								
Full Name				Contact	Number			
Address								
Witness 3								
Full Name				Contact	Number			
Address								
INCIDENT/ACCIDENT REPORT OFFICER DETAILS (STAFF ONLY)								
Report Officer's Name				Contact	Number			
Report Officer's Address								
Report Officer's Position								
Report Officer's Signature				Do	ate		//	/
Has a WorkCover claim been mo	ade?		YES	NO				
PART 2 - INVESTIGATION	ON (STAFF ONI	LY)						
Incident/Accident Report Officer Investigating								
Report Officer Investigating Name								
Report Officer Investigating Signature								
Duties Performed by Injured Party:								
Lecturer	Class Name			Class Time	:	Class Location		
Student	Class Name			Class Time	:	Class Location		
Administrator	Departme	nt			Position			
When did the Injured Party Commence Employment at Asia Pacific International College? Is the task usually performed by the injured party? Was the task carried out in accordance with normal instruction? Was the injured party trained in the task? YES NO YES NO						□ NO		



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What written or verbal instructions were given immediately prior to the injured party doing the task?							
Was any of the equipment involv Where there any other factors inv What action(s) has been t	☐ YES	□ NO NO					
	Date of action(s)	Implemented:/	/				
Other comments / recommendations:							
Injured Party Name							
Injured Party Signature			Date	/	/		
Report Officer Investigating Name							
Report Officer Investigating Signature			Date	/	/		