

## **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 or	ne 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						

ASIA PACIFIC INTERNAL									
WITNESSES									
Witness 1									
Full Name					Contact	Number			
Address									
Witness 2									
Full Name					Contact	Number			
Address									
Witness 3							1		
Full Name					Contact	Number			
Address									
INCIDENT/ACCIDENT R	EPORT OFFI	CER DETAIL	S (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 m	ade?		YES		NO				
PART 2 - INVESTIGATION (STAFF ONLY)									
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		
						<u> </u>	]		
Student	Class Name				Class Time	::	Class Location		
Administrator	Depar	tment				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									

What written or verbal instructions were given immediately prior to the injured party doing the task?							
Was any of the equipment involved defective in anyway?		YES NO					
Where there any other factors involved?  What action(s) has been taken to ensure similar accidents will not occur?							
And action(2) has been taken to ensore summar accidents and not occor.							
Date of action(s) Implemented:							
Other comments / recommendations:	1						
Injured Party Name							
Injured Party Signature	Date	/					
Report Officer Investigating Name							
Report Officer Investigating Signature	Date	/ /					