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CRICOS No: 03483G I RTO No : 40794

Critical Incident Report Form

PART A				
Details of the Person completing the form	Name:			
	Phone No:			
	Email Address:			
Date and Time of Incident				
Location of the Incident				
Brief Description of Incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to the incident				
Was anyone injured	No (Complete Part C)		Yes (Complete part B)	

PART B		
Details of Injured Person	Name	
	Gender	☐ Male ☐ Female ☐ Prefer not Say ☐ Other/ Please Specify: _____
	Date of Birth	
	Contact Details	
	Emergency Contact Details	
Description of Injury		
Treatment Required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ Other, please specify _____	

PART C - ADDITIONAL DETAILS	
Description of Damage	
Were there any other services involved/ attended? (e.g., police, ambulance, fire)? (If yes, attach a copy of the report)	

Person/s Involved

Name	Contact Number	Address

RECOMMENDED ACTIONS TAKEN BY ASLI

CHECKLIST

☐ Incident entered into Critical Incident Register ☐ WorkSafe Victoria notifiable incident? ☐ Yes ☐ No

(If yes: phoned 13 23 60 immediately on ___/___/_____ at ____; site preserved; written notification lodged within 48 hours on ___/___/_____ copy kept 5 years)

☐ PRISMS notification required? ☐ Yes ☐ No (If yes, date submitted: _____/_____/_____)

☐ Follow-up counselling or support provided

☐ Referred for continuous improvement review

☐ Document filed in accordance with Records Management Policy

Sign:	Date: