

# CRITICAL INCIDENT REPORT

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



## Person Completing Report

First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Title Employee / Contractor / Student / Visitor  
Date: \_\_\_\_\_

## Details of Incident

Q1 Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_

Q2 Was the identified incident on the Academy's premises? Yes No

Q3 Date and time incident occurred:

Date: \_\_\_ / \_\_\_ / \_\_\_ Time \_\_\_ am / pm

Q4 Where did the incident occur

Training Room  Kitchen  Student Lounge  Toilets  Administration Office

## Injury Report

In the event of an injury, please complete the following details: (if applicable)

First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Title Employee / Contractor / Student / Visitor  
Home Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_  
Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Sex Male / Female

# CRITICAL INCIDENT REPORT

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



Q5 What was the injured person doing at the time of incident?

---

---

Q6 Please indicate location of injury on the body by circling estimated location below:



Q7 Did the injured person require medical treatment?

Yes No

If yes, where was the treatment undertaken and what medical assistance did the injured person require?

---

---

# CRITICAL INCIDENT REPORT

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



Once this form has been completed, please forward to the Institute Office for action and monitoring, the Institute will then forward this form to the WHS Officer.

## ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER

**MANAGE RISK**

-  **ELIMINATE**
-  **SUBSTITUTE/ISOLATE/ENGINEER**
-  **ADMINISTRATION**
-  **PERSONAL PROTECTIVE EQUIPMENT**

Q8 Was the risk eliminated? Yes    No  
If yes, how was it eliminated?

---

---

Q9 Was a substitute introduced, and/or isolated and/or engineered to minimise risk Yes    No  
If yes, what was implemented?

---

---

Q10 What was an administrative control put into place? Yes    No  
If yes, what administrative control was put into place?

---

---

Q11 Was Personal Protective Equipment required to be introduced? Yes    No  
If yes, what PPE was implemented?

---

---

# CRITICAL INCIDENT REPORT

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



<b>WHS Risk Assessment Undertaken</b>	<b>YES/NO</b>	<b>Date:</b>
<b>Was an Opportunity for Improvement identified?</b>	<b>YES/NO</b>	<b>OFI No.:</b>
<b>Actions discussed at Quality &amp; Compliance Meeting</b>	<b>YES/NO</b>	<b>Date:</b>