

F.03.10

CRITICAL INCIDENT REPORT FORM

A critical incident is a traumatic event, or the threat of such (within or outside Australia), which causes stress, fear or injury. This may include instances of violence, threats, robbery, drug/alcohol abuse, major injury or death. This form should be completed as soon as practical. Please refer to AVETA's Critical Incident Policy and Procedures P.03.07.

INCIDENT INFORMATION

DATE THE INCIDENT OCCURRED:		TIME OF THE INCIDENT:
WHERE THE INCIDENT OCCURRED:		
RELATES TO:	<input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT	<input type="checkbox"/> VISITOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> PUBLIC
NAME OF PERSON(S) INVOLVED:		
DESCRIPTION OF THE INCIDENT:		
REPORTED BY:		
SIGNATURE:		DATE:

RELEVANT CONTACTS (When contacted about the incident)

EMERGENCY CONTACT PERSON	
TELEPHONE NUMBER	

PLEASE TURN OVER

HOSPITAL INFORMATION (If Applicable)

HOSPITAL	
TELEPHONE NUMBER	

OTHER COMMENTS (If Applicable)

CEO USE ONLY:

DESCRIPTION OF THE ACTIONS TAKEN:	
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WORKSAFE VICTORIA INCIDENT NOTIFICATION FORM ACTIONED (if required)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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NAMES OF THE CRITICAL INCIDENT TEAM	
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CEO SIGNATURE:	DATE:
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