International Institute of Training Pty Ltd

Critical Incident Form

Part A

Details of 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**
	Date of Birth	
	Contact details	
	Emergency contact details	
Description of Injury		
Treatment Required	□ No □ First Aid □ Doctor □ Hospital admission □ Other, please specify	

Part C

Description of damage		
Were there any other services involved/attended? (If yes, attach a copy of the report)		
Person/s involved		
Name	**Contact Number**	**Address**
Recommended Actions Taken by International Institute of Training (IIT)		
Sign:	**Date:**	

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