

Critical Incident Report

Complete this form to report any critical incident at Ultimate Institute of Australia.

Reference No:	
Incident Raised by:	
Role within the Ultimate Institute of Australia:	
Date of critical incident:	
People involved in the critical incident (& their role within the Institute):	
Description of critical incident:	
Emergency Service involved:	<input type="checkbox"/> Yes (Police / Ambulance / Fire) <input type="checkbox"/> No
Follow up required for people involved in critical incident:	<input type="checkbox"/> Medical <input type="checkbox"/> Counselling <input type="checkbox"/> Police Statements <input type="checkbox"/> Notification to family <input type="checkbox"/> Other Details of follow up: _____ _____ _____ _____
Reported Critical Incident to:	

Follow up notes		
Incident logged in Critical Incident Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Addressed/Resolved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Escalated to Management/CEO	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Comments: