Critical Incident Report Form

Type of Incident (please tick)

☐ Injury to staff	☐ Vehicle accident	☐ Fire
☐ Property damage	☐ Theft / Loss	☐ Assault
☐ Injury to student	☐ Environmental damage	☐ Other

If Other (Please specify): _____

Time and Location of Critical Incident

Date: Time: AM / PM

Location: _____

Person(s) involved (including witnesses)

Name	Address	Phone Number

What activity or program was underway?

Orange International College
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Description of Incident

Description of Injury

Description of damage

Were any other services involved / attended? (If yes, Please attach a copy of the report)

Received By: Signature:

Chief Executive Officer recommended action (Added to relevant registers of OIC)

Signature: Date: