

## Critical Incident and Accident Reporting Form

### About this form

This form is to be utilised for reporting any critical incident and accident happening in Australian College of Technical Studies workplace that could have caused serious injuries to a person or damage to Australian College of Technical Studies property.

The National Codes 2018 Standard 6 and The SRT0 2015 Clause 8.5 requires an RTO must have a documented critical incident procedure that cover the action to be taken in the event of a critical incident, required follow-up to the incident, and records of the incident and action taken.

This form can also be used as safety documents, outlining potential safety hazards around the workplace. Critical Incident and Accident reporting form should be completed at the time of an incident by either an authorized Australian College of Technical Studies employee or another member of the College.

Please refer to Critical Incident policy and procedure available on our website <http://www.actstudies.edu.au>

### Incident / Accident Report (To be filled out on the day of the event)

<b>Full Name</b>	
<b>Title</b>	<input type="checkbox"/> Student <input type="checkbox"/> Trainer <input type="checkbox"/> Admin <input type="checkbox"/> Other _____
<b>Student ID</b>	
<b>Date of Birth</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Address</b>	
<b>Course (s) Enrolled</b>	
<b>Date of event:</b>	
<b>Type of Incident</b>	<input type="checkbox"/> Accident / injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Incident

<b>Please briefly describe the incident</b>
<b>List any hazards</b>

Actions Taken			
<b>First aid given:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>By whom:</b>	
<b>Medical attention needed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Taken somewhere:</b>	<input type="checkbox"/> Medical Centre <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____		
<b>Details:</b>	NOTE if serious MUST be reported to SafeWork		
<b>Witness Name:</b>		<b>Witness Contact:</b>	

<b>Corrective Actions</b>	
<b>Has the Hazard/ issue been?</b>	<input type="checkbox"/> Eliminated <input type="checkbox"/> Reduced Risk <input type="checkbox"/> Under Investigation
<b>Medical attention needed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Taken somewhere:</b>	<input type="checkbox"/> Medical Centre <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____
<b>What needs to/ has happened to fix the incident:</b>	NOTE if serious MUST be reported to SafeWork
<b>To be discussed in next WHS meeting:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>To be discussed with:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Management <input type="checkbox"/> Principal / Authorised Person