

## Critical Incident/Hazard Reporting Form

- This form is to be used for all accidents, incidents and situations having potential for injury, damage or harm to the environment.
- This reporting form must be completed within 24 hours of an incident and forwarded to Designated Head (Student Services).
- Additional pages/documents can be attached if necessary.

### SECTION 1: BACKGROUND

<b>Date of Incident:</b>		
<b>Time of Incident:</b>		
<b>Place of Incident:</b>		
<b>Affected Person:</b>		
<b>Witness</b>	<b>Name</b>	:
	<b>Contact No.</b>	:
	<b>Email</b>	:
<b>Emergency contact person</b>	<b>Name</b>	:
	<b>Contact No.</b>	:
	<b>Email</b>	:
<b>Type of Incident</b>	<b>Type of Hazard</b>	
<input type="checkbox"/> Disaster – e.g. natural, (fire/flood) physical, gas leak, burst water main) <input type="checkbox"/> Drugs <input type="checkbox"/> Sex offence <input type="checkbox"/> Serious medical / injury / health emergency <input type="checkbox"/> Intruders - ex students, /stalker, breaker <input type="checkbox"/> Police – action taken or likely by Police – attendance, notified by phone, advice sought. <input type="checkbox"/> Weapons – describe weapons and method of use (or carried) <input type="checkbox"/> Actual physical violence <input type="checkbox"/> Threat of physical violence <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Electrical energy <input type="checkbox"/> Wiring/cables <input type="checkbox"/> Wet floor <input type="checkbox"/> Leakages <input type="checkbox"/> Plumbing problems <input type="checkbox"/> Toilet blockages <input type="checkbox"/> Wet ceiling <input type="checkbox"/> Skirting <input type="checkbox"/> Others (please specify) <input type="checkbox"/> _____	

### SECTION 2: Critical Incident/Hazard Summary (short statement of event)



Completed by:

Date:

Signature:

