



CRITICAL INCIDENT ACTION FORM

Critical Incident Action Form	
Relevant Standards SRTO 2015: 8.5 The National Code 2018: 6.8. 6.9 Occupational Health and Safety Act 2004 and subordinate regulations	Linked Documents Critical Incident Policy Health and Safety Policy and Procedure Student Manual and Handbook Staff Handbook and Handbook

Person reporting the incident to complete:

Incident			
Person(s) Affected			
Place Date Time			
Person Reporting			

Context/Background	Particulars (Use additional sheets if needed)	Action	
		Required	Taken
Signature		Date:	
Forwarded To			

ADMIN use only

Received by		Date:
Remedial Actions Taken		
Further Action if External Counselling is Needed		
Completed by		Date: