

# Critical Incident Report



**WISEMAN**  
& CO. Advanced Learning  
**INSTITUTE**

RTO ID: 45415 CRICOS ID: 03709E

## Person Completing Report

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Title Employee / Contractor / Student / Visitor

Date: \_\_\_\_\_

## Details of Incident

Q1 Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q2 Was the identified incident on the Institute's premises?  Yes  No

Q3 Date and time incident occurred:

Date: \_\_\_ / \_\_\_ / \_\_\_

Time: \_\_\_\_\_ am / pm

Q4 Where did the incident occur

- |  |   |
|--|---|
| <input type="checkbox"/> Training Room           | <input type="checkbox"/> Front reception                  |
| <input type="checkbox"/> Kitchen/ Student Lounge | <input type="checkbox"/> Outside the Institute's premises |
| <input type="checkbox"/> Toilets                 | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Administration Office   |   |

## Injury Report

In the event of an injury, please complete the following details: (if applicable)

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Title Employee / Contractor / Student / Visitor

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex Male / Female

Q5 What was the injured person doing at the time of incident?

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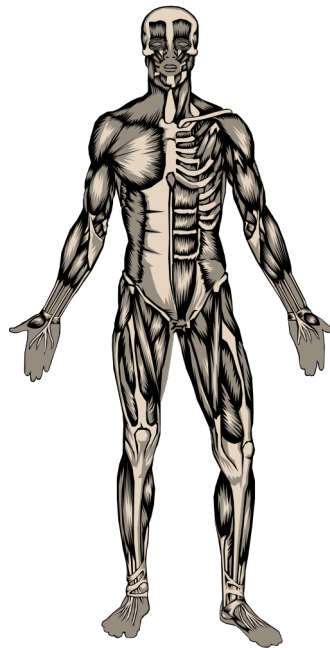
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Q6 Please indicate location of injury on the body by circling estimated location below:



Q7 Did the injured person require medical treatment?

Yes  No

If yes, where was the treatment undertaken and what medical assistance did the injured person require?

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Once this form has been completed, please forward to the Institute Office for action and monitoring, the Institute will then forward this form to the WHS Officer.

**ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER**

**MANAGE RISK**

-  **ELIMINATE**
-  **SUBSTITUTE/ISOLATE/ENGINEER**
-  **ADMINISTRATION**
-  **PERSONAL PROTECTIVE EQUIPMENT**

Q8 Was the risk eliminated?  YES  NO go to Q9

If yes, how was it eliminated?

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Q9 Was a substitute introduced, and/or isolated and/or engineered to minimise risk?  YES  NO go to Q10

If yes, what was implemented?

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Q10 Was an administrative control put into place?  YES  NO go to Q11

If yes, what administrative control was put into place?

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Q11 Was Personal Protective Equipment required to be introduced?  YES  NO

If yes, what PPE was implemented?

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<b>WHS Risk Assessment Undertaken</b>	<b>YES/NO</b>	<b>Date:</b>
<b>Was an Opportunity for Improvement identified?</b>	<b>YES/NO</b>	<b>OFI No.:</b>
<b>Actions discussed at Quality &amp; Compliance Meeting</b>	<b>YES/NO</b>	<b>Date:</b>