



Critical Incident and Accident Reporting Form

About this form

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

The National Codes 2018 Standard 6 and The SRTO 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 AuSC employee or another member of the College.

Please refer to Critical Incident policy and procedure available on our website www.ausc.edu.au

INCIDENT / ACCIDENT REPORT (To be filled out on the day of the event)

The following information is about the person whom was injured or almost injured.

FULL NAME

(person injured):

DATE OF BIRTH:

CONTACT NUMBER:

TITLE:

Student Trainer Assessor Admin Other

AREA:

Managers Name:

Sign:

Accident / injury

Near Miss

Property Damage

Incident

Date of event:

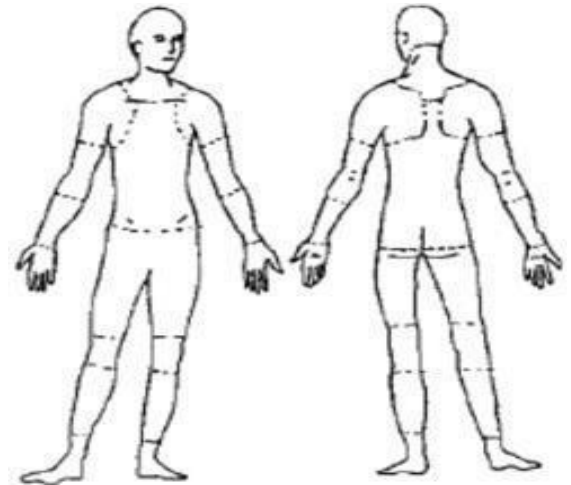
Time:

Where:



How did it happen? List any hazards

(in an injury please mark location on diagram below)



ACTIONS TAKEN

| | | |
|--|-------------------------|-------------------------|
| First aid given: | YES NO NA | By whom: |
| Medical attention needed | YES NO NA | Taken somewhere: |
| Medical Centre | Hospital | Other |
| Details: NOTE if serious MUST be reported to SafeWork | | |
| Witness Name: | Witness Contact: | |
| Witness Signature: | | |



3 DAYS AFTER - FOLLOW UP

| | |
|---|--------|
| Was this person able to work or attend school after the incident: | YES NO |
| Days expected off: | |
| Who filled out form? | |
| Follow up done 3 days later by manager: | YES NO |
| What has happened since to the person? | |

CORRECTIVE ACTIONS

| | | | |
|--|------------|--------------|---------------------|
| Has the Hazard/ issue been? | ELIMINATED | REDUCED RISK | UNDER INVESTIGATION |
| What needs to/ has happened to fix the incident: | | | |
| To be discussed in next WHS meeting: | YES | NO | |
| To be discussed with: | STUDENT | MANAGEMENT | EVERYONE |
| Manager Name: | Signature: | | |

The incident has been relayed to the CEO within 24 hours of the incident.