



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:

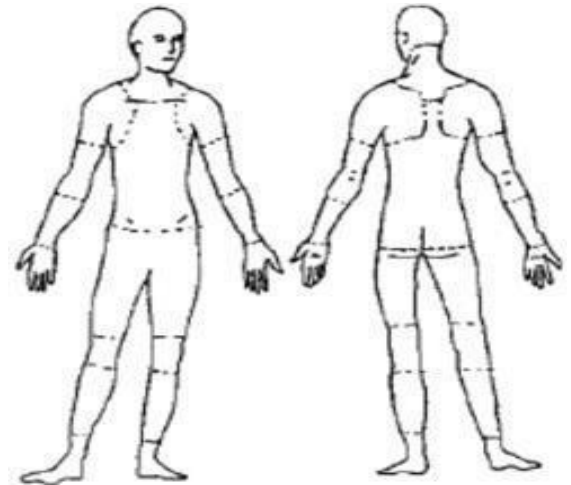
Time:

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.