

Critical Incident Report

Name of RTO Employee:	
Role within the RTO:	
Date of Critical Incident:	
People involved in the critical incident (& their role within the RTO):	
Description of Critical Incident:	
Emergency Service involved:	<input type="checkbox"/> Yes (Police / Ambulance / Fire) <input type="checkbox"/> No
Follow up required for people involved in critical incident:	<input type="checkbox"/> Medical <input type="checkbox"/> Counselling <input type="checkbox"/> Police Statements <input type="checkbox"/> Notification to family <input type="checkbox"/> Other Details of follow up: _____ _____ _____ _____
Reported Critical Incident to:	

Name

Signature

Date