



Critical Incident Form

- Use this form to report any accident, injury, incident or illness that occurred on ATQ premises or whilst on duty for ATQ.
- Events involving serious injury **must** be reported to the Managing Director within 12 hours of the occurrence.
- Return completed forms to – ATQ Management

Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: _____ Date of birth: _____ Sex: M F

Occupation: _____ If Student: No: _____

School/Section Faculty: _____

Supervisor name: _____ Phone no: _____

Employee Employed in this position year's _____ Full-time Part-time Casual

Contractor/employed by contractor Name of Contractor: _____ Phone: _____

Student Visitor Unpaid/volunteer

Event details

Date of event _____ Time of event _____ a.m./p.m.

Activity at time of event: on duty meal/break travel to/from work other _____

Place of event: Room: _____ Building: _____ Campus: _____

Description of events (Describe tasks being performed & list sequence of events)



• Attach further information overleaf if space insufficient and sketches and photographs, plus information from witnesses if applicable

Medical treatment obtained

- Nil, First aid, Medic/Doctor, Hospital casualty, Hospital admitted, Other

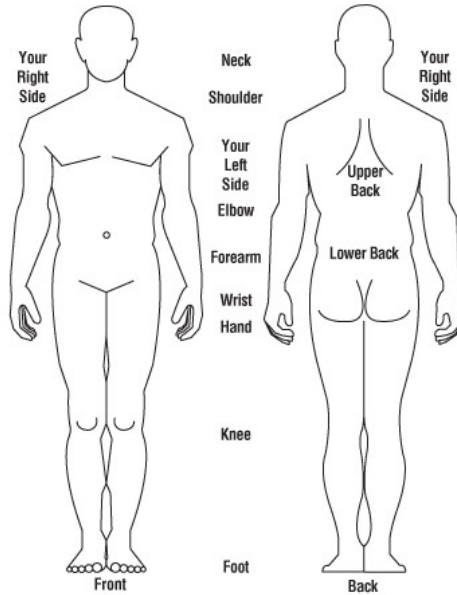
Name of medic/doctor/ hospital:

Injury details

Nature or type

- Amputation, Asphyxiation, Bruise or crushing, Burn or scald, Concussion, Cut or open wound, Dislocation, Exposure, Foreign body, Fracture, Heart or circulatory condition, Infectious disease, Inhalation, Internal injury, Nervous system, Radiation, Poisoning, Puncture, Respiratory (inhalation), Skin disorder, Sprain or strain, Other

Body part - please mark the injured part(s)



Agent of damage

- Animal or insect, Biological, Chemical, Electricity, Equipment (tool), Explosion or implosion, Muscular effort - single event, Muscular effort - repetitive, Muscular effort - postural, Needle or sharp, Noise, Psychological, Physical altercation, Slip, trip or fall, Stepping on object, Striking against object, Struck by falling object, Struck by moving object, Thermal (heat or cold), Vibration, Vehicle, Other

Other body part Teeth Brain Organ (specify)

Outcome for injured person:

Time lost from work/Study? days hours Not yet returned to work / study
Date expected to return to work/study:
Signature of person injured or involved: Date:



involved: _____

Additional information about the incident

1) If "slip, trip or fall" involved, provide additional detail (to be filled out by the person injured or involved)

Slip/fall along the ground Condition of walking surface: _____

Slip/fall on stairs or sloping surface Type & condition of footwear: _____

Fall from a height What was being done at time of incident: _____

2) Information about personal protective equipment (PPE) (to be filled out by the supervisor or manager) YES NO

Should PPE have been worn during the task being undertaken at the time of the incident? YES NO

Was it available? YES NO

Was it being worn/used? YES NO

Type of PPE required: _____

Empty rectangular box for additional notes or details.

Corrective action required (to be filled out by the supervisor or manager)

	Action taken	Date:
Changes to work environment:		
Modifications or repairs to machinery, equipment or tools:		
Changes to work practices/job design:		



Personal protective equipment (additional or changes)		
Additional Training:		

Signature of Supervisor: _____ Date: _____

Please print name: _____ Phone: _____

Difficulties in implementing the corrective action recommended above & additional resources or assistance required to implement them:

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Signature of Managing Director _____ Date: _____