

Critical Incident Form

References - Please refer to EL PP 0128 Work Health & Safety Policy v1

Work Health and Safety Federal Site

Safe Work Australia website

Date	
Individuals Name	
Student ID (As Applicable)	
Phone	
Email	
Course Enrolled	
1. Where did the incident	occur?
 Who was involved? Who witnessed the Inc. 	dent?
Individuals Name	
Student ID (As Applicable)	
Phone	
Email	
Details of what was observe	d

Trading as International College of Queensland Australia (ICQA) ABN 20 064790594 | CRICOS Number: 01351B

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Critical Incident Form

4.	COWNE	G was	the	nature	of the	incident?	(Descri	ption)

5.	What action	was taken	in res	ponse to	the	incident ¹
•	TTIIGE GOLIOII	mas taken				

6. Was any medical assistance sought?

Was First Aid applied	I
By Whom?	1
Time	1

7. Were the resources sufficient?

Were the resources sufficient	nt? (circle)	Yes / No
If not, why not?		



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8.C. Mas GCOA Management properly informed?

Was ICQA Management properly	Yes / No	
If not, why not?		
Name of person reporting		
Date		
Signature		

Forms

- EL PP 0128 Work Health & Safety Policy v1
- EL CA 0129 Trello Board for Corrective Action Plan v1

Version history

Date	Version	Author	Status	Reviewers
0634.2023	<mark>1</mark>	<mark>JKB</mark>	WIP	