



Critical Incident Form

4. What was the nature of the incident? (Description)

5. What action was taken in response to the incident?

6. Was any medical assistance sought?

Was First Aid applied	
By Whom?	
Time	

7. Were the resources sufficient?

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



Critical Incident Form

8. Was ICQA Management properly informed?

Was ICQA Management properly informed? (circle)

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	1	JKB	WIP	