

FORM-R01 CRITICAL INCIDENT INITIAL REPORT FORM

Incident Details

Date the Incident Occurred	
Reported to	
Reported by	
Relates to Staff or Student(s)	
Names of Staff or Student(s)	
Brief Description of Incident (Attach additional page if required)	
Location of Incident	
Time of Incident	
Others Involved	
Relevant Contacts	
Telephone	
Hospital	
Ward Number	
Telephone	

Others (e.g. Next of Kin)

Name	
Telephone	
Date	
Time	

Full Description of the Incident (See attached reports) (Attach additional page if required)	
Summary of Events Prior to the Incident (Attach additional page if required)	
Responses Made to Date (If no action, then the reason)	
Emergency Services/Police Involved (Yes/No)	
Completed by	
Signed By	
Date	