CRITICAL INCIDENT REPORT

DETAILS OF PERSON COMPLETING FORM:

Full Name:	
Position:	
Contact number:	

PARTICIPANT DETAILS:

Full Name:	
Participant Address:	

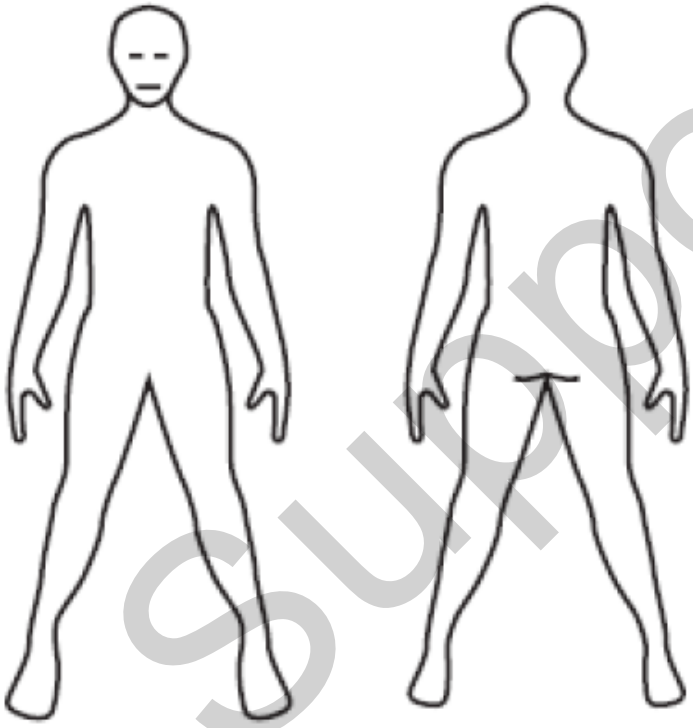
INCIDENT DETAILS:

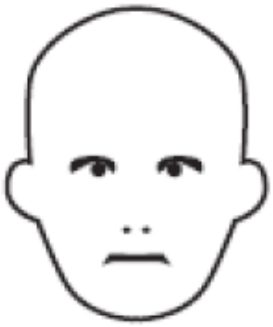
Date of incident:	Time of incident:
Location of incident:	
Incident type: Near-miss / Injury / Medication error / Other	
Describe the events leading up to the incident, noting any anteceding behaviours or actions:	
Describe the incident:	
Immediate actions taken in response to the incident (emergency services, etc):	

Contact details of any witnesses present:	

DETAILS OF INJURIES SUSTAINED (IF APPLICABLE):

Indicate the location of any injuries sustained on the diagrams below:





What treatment was applied for injuries described:	

What further treatment is required for described injuries:	

OFFICE USE ONLY:

Axis Supports Representative name:	
Position:	
Contact details:	
Date notified:	

INVESTIGATION & REPORTING:

Is this a reportable incident?	☐ Yes ☐ No Reported to: Date reported:
Summary of findings:	
Causal factors identified:	☐ People: _____ ☐ Equipment/plant: _____ ☐ Environment: _____ ☐ Processes/procedures: _____ ☐ Organizational factors: _____
Recommendations:	☐ Elimination: _____ ☐ Substitution: _____ ☐ Isolation: _____ ☐ Engineering: _____ ☐ Administrative: _____

	☐ Personal protective equipment: _____
Will recommendations eliminate all hazards?	☐ Yes ☐ No If no, please describe in the next section what further preventative actions can be taken.

OFFICE USE ONLY:

ACTIONS:

Confirmation of actions:	Are all recommendations accepted? ☐ Yes ☐ No Note exceptions:
Additional actions to be taken:	
Actions completed:	Have all actions been completed? ☐ Yes ☐ No
Transfer to risk register:	All remaining hazards transferred to risk register for monitoring/review: ☐ Yes ☐ No ☐ N/A
Outstanding actions:	All outstanding actions noted against hazards have been added to risk register: ☐ Yes ☐ No ☐ N/A
Communication:	Participant has been contacted, and notified of outcomes on: ____/____/____ Participant's guardian (if applicable), and support coordinator have been notified of incident and outcomes on: ____/____/____ Copy of this incident report has been added to participant's file and logged in incident report register on: ____/____/____

Incident Reporter's Name: _____

Incident Reporter's Signature: _____ Date: ____/____/____

Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____Date: ____/____/____

NOTES: