



## CRITICAL INCIDENT REPORT FORM

TYPE OF INCIDENT					
<input type="checkbox"/>	Injury to Staff	<input type="checkbox"/>	Vehicle Accident	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Theft/loss	<input type="checkbox"/>	Assault
<input type="checkbox"/>	Injury to Student	<input type="checkbox"/>	Environmental Damage	<input type="checkbox"/>	Damage
<b>If other, please specify:</b>					
DETAILS OF INCIDENT					
<b>Date</b>					
<b>Time</b>					
<b>Location</b>					
<b>Detailed information of what activity was undergoing when it happened</b>					
<b>Description of Injury</b>					
<b>Description of Incident</b>					
<b>Description of damage</b>					
<b>Were any other services involved / attended? (If yes, please attach a copy of the report)</b>					
<b>Report Received by</b>					



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<b>Person/s Involved</b> (Include everyone who is somehow related to the incident)		
<b>Name</b>	<b>Contact number</b>	<b>Address</b>
<b>Add Extra page if you need more space</b>		
<b>Recommended Actions from SITS College Representative/Management</b>		
<b>Sign</b>	<b>Date:</b>	