



# Critical Incident Report

This evaluation form is to be completed following an incident.

<b>Incident name:</b>		<b>Date of incident:</b>	
<b>Location of incident:</b>		<b>Critical incident team leader:</b>	
<b>Brief description of incident that occurred:</b>			

1. What action was taken to address the incident, including follow up action?

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2. Please identify any issues that may have contributed to, or caused the incident

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3. What steps could be taken to reduce the risk of the incident occurring again?

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4. Please identify ways in which the response to the incident could be improved.

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Report completed by			
Name & Title:			
Signature:		Date:	/ /

ADMIN ONLY			
Improvements suggested (Q3 & 4)?	<input type="checkbox"/> / NA	Date: _____	Initial: _____
<u>If yes:</u>			
Added to Feedback Register?	<input type="checkbox"/> / NA	Date: _____	Initial: _____
Added to Management Meeting Agenda?	<input type="checkbox"/> / NA	Date: _____	Initial: _____