



Incident Report Form

Incident name: _____

Type of incident (for example but not limited to, disaster, bomb threat, accident in the school campus, etc.): _____

Date: _____ Time: _____

Location: _____

Critical incident team leader: _____

Please describe the incident:

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

Please identify any issues that may have contributed to, or caused the incident and where relevant, what steps could be taken to reduce the risk of the incident occurring again.



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

Witness to the incident: _____

Student signature: _____

Name: _____ Date: _____

Supervisor signature: _____

Name: _____ Date: _____

Trainer/assessor signature: _____

Name: _____ Date: _____