

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
If other, please specify: 					
DETAILS OF INCIDENT					
Date					
Time					
Location					
Detailed information of what activity was undergoing when it happened					
Description of Injury					
Description of Incident					
Description of damage					
Were any other services involved / attended? (If yes, please attach a copy of the report)					
Report Received by					

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