

## CRITICAL INCIDENT FORM

## **Critical Incident Form**

Incident name:		Date of incident:	
Location of incident:	Critical incident team leader:		
Incident Reported By	RUSSELL CO	Incident Reported To	
Brief description of incident that occurred:			

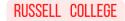
What was the immediate action taken to address the incident				
What was the main trigger for the incident, list the steps that could be taken to avoid the incident				

Russell College Pty Ltd

RTO 46143: TBA CRICOS Code: 4221K

Email: info@russellcollege.edu.au | Website: www.russellcollege.edu.au

Version 2.0-May 2024





## CRITICAL INCIDENT FORM

RUSSELL COLLEGE				
List the resources needed to avoid the recurrence of the incident again				
CENTRE FOR LEARNING				
Improvements needed in the processes to avoid such incidents and address the response rate towards such incidents				

Report completed by

Russell College Pty Ltd

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Name & Title:

## CRITICAL INCIDENT FORM

Signature:			Date:	/ /	
					_
ADMIN ONLY					
Improvements suggested?	□/NA	CODate: EGE	Initial:		
If yes:					
Added to Feedback Register?	□ / NA	Date:	Initial:		
Added to Management Meeting Agenda?	□ / NA	Date:	Initial:		

This evaluation form is to be completed following an incident

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