# CRITICAL INCIDENT FORM

## Critical Incident Form

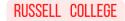| Incident name: | | Date of incident: | |
|---|---|---|---|
| Location of incident: | | Critical incident team leader: | |
| Incident Reported By | | Incident Reported To | |
| Brief description of incident that occurred: | | | |

| 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** |

# *CRITICAL INCIDENT FORM*

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|  |
| **List the resources needed to avoid the recurrence of the incident again** |
|  |
| **Improvements needed in the processes to avoid such incidents and address the response rate towards such incidents** |
|  |

|  |
|---|
| Report completed by |

# *CRITICAL INCIDENT FORM*

| Name & Title: | | | |
|---|---|---|---|
| Signature: | | Date: | / / |

<br>

| ADMIN ONLY | | | |
|---|---|---|---|
| Improvements suggested ? | ☐ / NA | Date:_____ | 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**