



AWS

AUSTRALIAN WORKPLACE
SKILLS INSTITUTE

AWS Institute Pty Ltd

T/A Australian Workplace Skills Institute

RTO No: 45701 **CRICOS No.:** 03924J **ABN No:** 12 637 817 353

ACT Campus: Level 1, 66 Townshend Street, Phillip, ACT 2606

NSW Campus: Level 6, 140 Elizabeth Street, Sydney NSW 2000

Phone: 02 9182 0984 (NSW) / 02 6109 7671 (ACT)

Email: info@aws.edu.au **Website:** www.aws.edu.au

Critical Incident Reporting Form

Person completing this form

Full Name:

Relationship to the RTO:

- Staff member
- Student
- Visitor
- Other (*please specify*) _____

Date of completing this form:

Incident Details

Description of how, where and when the incident occurred?

Please identify any hazards that contribute to this incident occurring?

List the person(s) involved in the incident?

Cause of incident (if known at the time of reporting)?

Body part(s) injured if any?

Did anyone require any medical treatment?



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Referral to external body/bodies?	
Description of remedial action/s taken?	
Description of outcome/s following the execution of remedial action/s? (if known at the time of reporting)	
Signature(s)	