KING'S OWN INSTITUTE*

Success in Higher Education

Critical Incident Report Form

Please complete this form in the event of a workplace incident including incidents, near misses, hazards, illness and/or injury to staff, students and visitors to KOI premises. Complete all relevant details.

1. Details of person involved *(if more than one person - pelase separately attach details of each person)*

First name:		Position ***or*** Student Number:	
Last (Family) name:		Date of birth:	_____/_____/_____
Person's email:			
Department/ Course:		Manager /teacher's name:	

2. Incident details

Date of incident	_____/_____/_____	Time of incident		☐ AM ☐ PM
Nature of incident:				
For injury / illness - Bodily location of injury/illness (for illnesses include symptoms):				
Location at time of injury/illness:				
How did the incident occur:				
Was any plant, equipment, substance or thing involved in the incident? If yes, please provide details:				

3. Witnesses

Were there any witnesses to the incident? ☐ Yes ☐ No. If yes, please list name and contact number for each witness:			
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	

4. Follow up

Has the incident been reported to the person's supervisor or relevant academic manager?	☐ Yes ☐ No	If illness or injury - was any treatment provided?	☐ Yes ☐ No
If yes, please provide details:			
What did the person(s) involved do after the incident? Please provide details:			

5. Details of person completing this report.

First name:		Last name:	
Position:		Department:	
Signature:		Date:	____/____/_____
If you are not the person involved in the incident, did you witness the injury/illness?	☐ Yes ☐ No		

6.0 TO BE COMPLETED BY MANAGER/SUPERVISOR OF THE AREA WHERE THE INCIDENT OCCURED OR THE ACADEMIC MANAGER /DEPUTY DEAN ACADEMIC (whichever relevant)			
Has an investigation been conducted into the incident?	☐ Yes ☐ No	If yes, by whom?	
What controls have been implemented to ensure the incident doesn't happen again:			

Employer confirmation			
I,			
(Position)		of **King's Own Institute**	
hereby confirm receipt of this notification.			
Signature:		Date:	____/____/_____