

## **KING'S OWN INSTITUTE\***

**Success in Higher Education** 



## **Critical Incident Report Form**

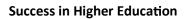
Please complete this form in the event of a workplace incident including incidents, near misses, hazards, illness and/or injury to staff, students and visitors to KOI premises. Complete all relevant details.

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

First name:				Position of Student N								
Last (Family name:	)			Date of b		1 1						
Person's email:												
Department/	,		Manager /tea	icher's								
2. Incident details												
Date of incident/			Time of inci	Time of incident								
Nature of inc	cident:	•				1						
For injury / illness - Bodily location of injury/illness (for illnesses include symptoms):												
Location at time of injury/illness:												
How did the	e incident	occur:										
Was any pla	ant, equip	ment, substance or thing involved	in the inciden	it? If ves.	please p	rovide details:						
	, ၁٩٠./٥١	, 3 3 3 3 3 3 3 3 3		, 500,	, p							
3. Witnes	ses											
Were there	any witne	esses to the incident?	Yes	No.								
	se list nam	ne and contact number for each w										
Name:				Contact:								
Name:				Contact:								
Name:			(	Contact:								



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## 4. Follow up

	ent been reported to the person's relevant academic manager?			ess or injury - was reatment provided?								
If yes, please provide details:												
What did the person(s) involved do after the incident? Please provide details:												
5. Details o	of person completing this	report.										
First name:			Last name	e:								
Position:			Departmer	nt:								
Signature:			Date	e:	_/	/						
If you are not the	he person involved in the incident,	did you wit	ness the injury	/illness?		Yes	No	)				
	COMPLETED BY MANAGE OR THE ACADEMIC MAN											
	tigation been to the incident?	No	If yes, by whom?									
What controls	s have been implemented to e	ensure the	incident do	esn't ha	ppen	again:						
Employer c	onfirmation											
I,												
(Position)					of <b>Ki</b>	ng's Own	Institute	)				
hereby confir	rm receipt of this notification.											
Signature:				Da	ate:	,	/					