



REDFORD

INSTITUTE OF VOCATIONAL STUDIES

Critical Incident Report Form

TYPE OF INCIDENT					
<input type="checkbox"/>	Injury to Staff	<input type="checkbox"/>	Vehicle Accident	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Theft/loss	<input type="checkbox"/>	Assault
<input type="checkbox"/>	Injury to Student	<input type="checkbox"/>	Environmental Damage	<input type="checkbox"/>	Damage
If other, please specify:					
DETAILS OF INCIDENT					
Date					
Time					
Location					
Detailed information of what activity was undergoing when it happened					
Description of Injury					
Description of Incident					
Description of damage					
Were any other services involved / attended? (If yes, please attach a copy of the report)					



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Report Received by	
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Person/s Involved (Include everyone who is somehow related to the incident)		
Name	Contact number	Address
Add Extra page if you need more space		
Recommended Actions from the institute's higher Management		
Sign	Date:	