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?

Critical Incident Form

What was the main trigger for the incident, list the steps that could be taken to avoid the incident?

List the resources needed to avoid the recurrence of the incident again

Critical Incident Form

Improvements needed in the processes to avoid such incidents and address the response rate towards such incidents

Report completed by			
Name:			
Title:			
Signature:		**Date:**	/ /

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