



Australian College of Culinary and Management

ACCM

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RTO Provider no- -45886 – CRICOS Provider no-04038J

Critical Incident Report

Family Name:

Given Name:

Middle Name

Are you a ACCM Staff Are you a ACCM Student If yes, what is your Student ID: CNY3000 _____

Date of critical incident __/__/__

People involved in the critical incident (& their role within the ACCM):

Description of critical incident (Please note maximum amount of information possible):

Emergency Service involved: Police Ambulance Fire

If Others:

Action required / taken for people involved in critical incident:

Medical Police Statement Counselling

Notification to the family Others : _____

Reported Critical Incident to Department/Staff/or third party/student file please mention: _____

Signature of the reporting person _____ Date _____

Office use:

Comments if any:

Incident register is updated