



Technical Education Development Institute (TEDI)
Technical Electronics Centre
RTO Code: 22300 CRICOS NUMBER: 03221G
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CRITICAL INCIDENT REPORT FORM

*True Education Pty Ltd t/a Technical Education Development Institute and t/a Technical Electronics Centre
(hereby referred as TEDI)*

Part A			
Details of Person completing the form	Name:		
	Phone no:		
	Email address:		
Date and Time of Incident			
Location of the incident			
Brief description of Incident	Type of Incident:		
	Description of Incident:		
Name and contact details for witnesses to the incident			
Was anyone injured	No (Complete Part C)		Yes (Complete part B)

Part B		
Details of Injured Person	Name:	
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other / Please specify
	Date of Birth:	
	Contact details:	
	Emergency contact details:	
Description of Injury		
Treatment Required	<input type="checkbox"/> No <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other, please specify _____	

Part C – Additional Details		
Description of damage		
Were there any other services involved/attended? (e.g., police, ambulance, fire)? (If yes, attach a copy of the report)		
Person/s involved		
Name:	Contact Number	Address:
Recommended Actions Taken by Technical Education Development Institute (TEDI)		
Checklist		
<input type="checkbox"/> Incident entered into Critical Incident Register <input type="checkbox"/> PRISMS notification required? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, date submitted: _____) <input type="checkbox"/> Follow-up counselling or support provided <input type="checkbox"/> Referred for continuous improvement review <input type="checkbox"/> Document filed in accordance with Records Management Policy		
Sign:	Date:	