Critical Incident Form

This evaluation form is to be completed following an incident.

Incident name:		**Date of incident:**	
Location of incident:		**Critical incident team leader:**	
Brief description of incident that occurred:			

1. What action was taken to address the incident, including follow up action?

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2. Please identify any issues that may have contributed to, or caused the incident

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3. What steps could be taken to reduce the risk of the incident occurring again?

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4. Please identify ways in which the response to the incident could be improved.

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

ADMIN ONLY			
Improvements suggested (Q3 & 4)?	☐ / NA	Date:_____	Initial:_____
If yes:			
Added to Feedback Register?	☐ / NA	Date:_____	Initial:_____
Added to Management Meeting Agenda?	☐ / NA	Date:_____	Initial:_____