



TRISON

Business College

TOID: 4236 CRICOS: 02359G

Critical Incident Form

Name: _____

Contact Telephone Number: _____

Type of Incident: _____

Date/time of Incident: _____

Location of Incident: _____

Nature of Incident: _____

Action taken

Reported to

Signature

Date

Please forward to the nominated OH&S Representative as soon as practicable following a critical incident.

Tel: 1300 308 795 Email: info@trison.edu.au Web: www.trison.edu.au
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