



Critical Incident Report Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
 Mars Institute – 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259
 Email: info@mars.edu.au | Website: www.mars.edu.au

Type of Incident (please tick)

- Injury to staff
 Injury to student
 Property damage
 Vehicle accident
 Environmental damage
 Assault
 Fire
 Theft / Loss
 Other, please specify: _____

Time and Location of Critical Incident

Date: _____ Time: _____ AM / PM Location: _____

Person(s) Involved (including witnesses)

Name	Address	Phone Number

What activity or program was underway?

Please describe the details of the incident before it occurred:

Description of Incident

Please describe how the incident happened, factors leading to the event, and what took place (what was happening and what was involved at the moment the injury occurred, please be as specific as possible):



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Description of Injury

Please describe the nature of the injury (your response should include the part of body affected, on what side of the body the injury occurred, if applicable, and how the body part was affected:

Description of Damage

Please describe the property or equipment damage caused by the incident:

Were any other services involved / attended? (If yes, Please attach a copy of the report)

Received by: _____

Signature: _____

Chief Executive Officer Recommended Action (Added to relevant registers of Mars)

Signature: _____

Date: _____