



Australian College of Culinary and Management

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

ACCM

Critical Incident Report

Name	
Role within the ACCM Staff / Student	
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 <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> If Others, please comment <input type="text"/>
Action required / taken for people involved in critical incident	Medical <input type="checkbox"/> Police Statement <input type="checkbox"/> Counselling <input type="checkbox"/> Notification to the family <input type="checkbox"/> Others <input type="text"/>
Reported Critical Incident to Department/Staff/or third party/student file please mention	
Signature of the reporting person _____ Date _____	

You can visit- https://www.accm.vic.edu.au/files/ugd/6ba6c0_fd4c62e353004c1e8989cc699aeb74c4.pdf