



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

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.

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