

UHE Critical Incident Reporting Form

Section 1 – Details of student or staff raising Critical Incident

Full Name:		Student ID: (If applicable)	
Contact Number:		Mobile:	
Address:			
Email:			
Association to organization (Staff/ Student / Visitor)		Are you the directly affected party?	YES / NO

Section 2 – Details of Critical Incident

Date of Critical Incident:		Time:	
Type of Incident:			

Incident Details:

I declare the information I have provided is a true and correct recollection of the stated incident.

Name of person completing Form:		Signature	
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If a student is deceased UHE staff are to contact next of kin or emergency contact as listed on enrolment form and advise embassy or consulate officials of the deceased student's passport nationality.

Responder Name (UHE Staff):		Position Title:	
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Action(s) taken:

Section 3 - Details of any family member or friend that student/staff wish UHE Staff to contact

Name	Country	Contact Number	email

Section 4 – Witnesses to Incident

Statements from persons who witnessed the incident:
 (Please attach the witness statement to the end of report if applicable. Witness Statement Form can be found in appendix B)

Section 5 – Signatures and End of Critical Incident Report

Executive Manager name:		Signature		Date:	
CEO name		Signature		Date:	

APPENDIX A

Critical Incident Form Appendix		
Critical Incident Response Checklist		
INCIDENT RESPONSE	✓	ACTIONS TAKEN
Have you:	<input type="checkbox"/>	
• assessed the severity of the incident?	<input type="checkbox"/>	
• evacuated the site/premises if necessary?	<input type="checkbox"/>	
• accounted for everyone and identified injuries?	<input type="checkbox"/>	
• contacted Emergency Services (if required)?	<input type="checkbox"/>	
• implemented the Incident Response Plan?	<input type="checkbox"/>	
• started an Event Log for reporting the incident?	<input type="checkbox"/>	
• activated staff members and resources?	<input type="checkbox"/>	
• gained more information as a priority?	<input type="checkbox"/>	
• briefed team members on incident?	<input type="checkbox"/>	
• allocated specific roles and responsibilities?	<input type="checkbox"/>	
• identified any damage?	<input type="checkbox"/>	
• identified critical activities that have been disrupted?	<input type="checkbox"/>	
• kept staff informed?	<input type="checkbox"/>	
• contacted key stakeholders?	<input type="checkbox"/>	
• understood and complied with any regulatory or compliance requirements?	<input type="checkbox"/>	
Checklist Completed by:		Signature:

APPENDIX B

Witnesses to Incident Statement Form

The following persons witnessed the incident:

Name:		Contact Number:	
Email:			
Address:			

Witness Statement:

I declare the information I have provided is a true and correct recollection of the stated incident.

Signature:		Date:	
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