Critical Incident Form

Institute Of Culinary Education Pty Ltd t/a Blue Ridge College

Part A

Details of the person completing the form	Name			
	Phone no:			
	Email:			
Date and Time of the incident				
Location of the incident				
Brief description of the incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to The incident				
Was anyone injured?	No (Complete Part C)		Yes (Complete Part B)	

Part B

Details of the Injured Person	Name	
	Gender	☐ Male ☐ Female ☐ Other
	Date of Birth	
	Contact details	
	Emergency contact details	
Description of the injury		
Treatment required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ Other, please specify	

INSTITUTE OF CULINARY EDUCATION PTY LTD t/a Blue Ridge College
Suite 1, Level 5, 398 Lonsdale Street, Melbourne VIC 3000
Critical Incident Form | **Version no:** 2.1 May 2026
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Part C

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

Person/s involved:

Name	Contact number	Address

Recommended actions taken by Blue Ridge College

Sign:	**Date:**

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