

# Student Incident / Hazard / Accident Report Form

For the purposes of this form critical incident/hazard/accident will be referred to as incident.  
This form should be completed immediately following an incident and forwarded to the Principle Executive Officer.

**THIS SECTION TO BE COMPLETED BY QUEENSFORD STAFF**

Name of Queensford Staff: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the incident – include where, what the incident was and people involved:  
\_\_\_\_\_  
\_\_\_\_\_

Results of investigation – was anyone injured, what was damaged, what follow up should occur.  
\_\_\_\_\_  
\_\_\_\_\_

Immediate action/s taken:  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS SECTION TO BE COMPLETED BY QUEENSFORD DIRECTOR**

Immediate action/s taken by Principal Executive Officer:  
\_\_\_\_\_  
\_\_\_\_\_

Subsequent action/s to be taken by Principal Executive Officer:  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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