

Critical Incident Checklist

This checklist is a general guide to the immediate management of critical incidents. Please refer to your organisation's critical incident documentation for more detailed guidance.

Immediate Actions			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has someone been assigned to take control of the incident?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are emergency services required? (Dial 000)
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is First Aid required?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Should employees or public be removed / excluded from the scene?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is this a workplace injury or incident that should be reported to SafeWork SA? (Dial 1800 777 209). E.g.;
Y	N	NA	
			<ul style="list-style-type: none"> • Structural failure of major equipment or buildings • Injury requiring overnight hospitalisation • Electrical shock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does this incident create any secondary health and safety risks?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a need to preserve evidence in the area where the incident occurred for formal investigations?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has senior management been advised of the incident?
Y	N	NA	
Post Incident Action			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has someone been assigned to communicate with employee's families if relevant?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a Hazard and Incident Report been completed?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have appropriate corrective actions been assigned?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Employee Assistance Provider been enlisted to support employees? (EA Program's contact number)
Y	N	NA	
Where relevant, is someone assigned to communicate with;			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal media and communications? (Tel: XXXX XXXX)
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant authorities (e.g. SafeWork SA; Office of the Technical Regulator)?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Chief Executive / Chief Operating Officer?
Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers directly or indirectly affected by the incident?
Y	N	NA	