THE UNIVERSITY OF ADELAIDE AUSTRALIA

EMERGENCY INCIDENT REPORT FORM

To be completed by the Chief Warden after each Emergency
Incident requiring attendance by the Emergency Services

- Incident Report Forms are to be completed at the debrief following the incident.
- A copy shall be forwarded to the Emergency Management Committee (C/- Security) and Heads of Faculties/Divisions and Schools/Areas.
- The Chief Warden should retain a copy for their own records.

DATE: / / TIME: _____

TYPE OF EMERGENCY

Fire/Smoke	☐	Personal Threat	☐
Bomb Threat	☐	Medical Emergency	☐
Internal Emergency (please specify)	☐	Other (please specify)	☐
_____		_____	

EMERGENCY SERVICES IN ATTENDANCE

Country/Metropolitan Fire Service	☐	Police	☐
State Emergency Services	☐	_____	

LOCATION OF INCIDENT (eg Campus, Building and Room no, area)

DETAILS OF INCIDENT (What happened)

CHIEF WARDEN NAME & SIGNATURE _____

FOLLOW-UP ACTION

Issues identified	Follow-up action (eg Training for ....., Revise ..... procedures, Contact Service Provider to rectify.....)	Who by