

# Emergency Incident Report Form



THE UNIVERSITY  
of ADELAIDE

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
- Bomb Threat
- Internal Emergency (please specify)
- Personal Threat
- Medical Emergency
- Other (please specify)

## EMERGENCY SERVICES IN ATTENDANCE

- Metropolitan Fire Service
- State Emergency Services
- Police
- Other:

LOCATION OF INCIDENT E.g. Campus, Building and Room No. Area

\_\_\_\_\_

## DETAILS OF INCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHIEF WARDEN Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

## FOLLOW UP ACTION

Issue Identified	Follow-up action (eg Training for... Revise... Procedures, Contact Service provider to rectify...)	Who By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____