

Incident Reporting Form



This form is to be used by RVTS staff, registrars, supervisors or practice managers to report to RVTS any incident involving or impacting an RVTS registrar in training

The form should be used in conjunction with the RVTS procedure:
Incident Reporting -Critical Incident, Adverse Event and Serious Issues

1. Please indicate who/what the incident relates to	<input type="checkbox"/> Registrar <input type="checkbox"/> Supervisor <input type="checkbox"/> Practice / Training location <input type="checkbox"/> Other (please specify)
2. Name of person/s involved	
3. Specific location of incident (if applicable)	
4. Date incident occurred	___/___/___
5. Details of person completing report Name Position Contact phone Contact email	
6. Briefly describe the incident, circumstances and who was involved	
7. Detail any actual harm and any risks that may persist	
8. What actions have been taken to manage the incident, including dates and details	
9. Please outline the next steps to be taken	
10. Signature (person completing report)	

Please forward this incident report to: RVTS Quality and Governance Manager, Clara Smith
csmith@rvts.org.au

Office use only:	
Recorded in RVTS Critical Incident Register	Date ___/___/___ Signed _____
Reported to RVTS CEO:	Date ___/___/___
CEO review - decision	Notifiable Incident: Yes / No Notification details:

Outcomes / Actions to be taken <i>(include timeframe & responsibility)</i>	
RVTS Governance reporting mechanism:	Date Reported to RVTS Quality and Risk Subcommittee _____
Verification: Resolved/closed	Date ___/___/___ Signed _____