



Post Event Critique Form

EHSS-Phos Program – Emergency Response, Appendix E

Date and Time of Injury / Illness:	Date and Time Reported:	Time on Scene:	Time 911 Notified:
Incident Commander Name:		ERT Captain:	
On Scene Arrival:		On Scene Arrival:	
Incident Location:		Responding Outside Agency:	
Description of Incident: _____ _____ _____ _____ _____ _____			
Number of Patients: _____	Type of and Location of Injury: _____ _____ _____		
Incident require Evacuation or Shelter In Place? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Additional Comments: _____ _____ _____			
Responders: Provide the names and times of Emergency Response members and any other employees / management who arrived to provide assistance			
Name	Time	Name	Time



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Check Yes or No for the following questions (if Yes, explain why):

• Did Team members have issues reporting to incident area? Yes No

• Did Team Members have difficulty carrying out any duties? Yes No

Best Practices:

Corrective Actions:

Check Yes or No for the following questions:

Communication:

- Was the Alert received by all employees? Yes No
- Was the Fire Department notified? Yes No
- Did the Alert description describe the location and event adequately? Yes No

Additional Comments:
