

HAZARD/INCIDENT REPORT

INCIDENT DETAILS:

- | | |
|---|---|
| <input type="checkbox"/> Resulted in injury or illness | <input type="checkbox"/> Ambulance called |
| <input type="checkbox"/> Had the potential to result in injury/illness (Near miss) | <input type="checkbox"/> Lost time |
| <input type="checkbox"/> Hazard identified | <input type="checkbox"/> No Lost time |

Incident Date:

Incident Time:

Location where incident occurred/hazard was identified:

Describe how the incident occurred/hazard identified:

(List sequence of events preceding incident)

Equipment Damaged? Yes No

Details of equipment and damage / hazard identified:

PEOPLE INVOLVED: Please complete the following for each person involved in the incident, including witnesses.

Family Name	First Name	Sex (M/F)	Location	Participant / Witness (P/W)	Tick box if injured	Tick box if medical attention required
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>

If more people are involved in an incident, please attach an additional sheet with their details.

Details of any injuries: (e.g. cut to right forearm, bruise to left thigh)

Treatment:

- | | |
|--|---|
| <input type="checkbox"/> Sent/taken to Doctor | <input type="checkbox"/> Ambulance called |
| <input type="checkbox"/> Admitted to Hospital | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> First Aid (give details of treatment given and by whom) | |

Declaration:

Ihereby declare the information provided above is true and correct.
(print full name)

Signed:

Date:

Please return completed form to Karen Fletcher at the Church Office within 48 hours of the incident.

INVESTIGATION



This section is to be completed by the Pastor/Leader in charge.

If no one else around please do not complete this section.

Remember, the aim of the Investigation is prevention not to apportion blame.

Please return completed form to Karen Fletcher at the Church Office within 48 hours of the incident.

Incident reported to: _____

Position title: _____

Investigation carried out by: (List persons involved) _____

What were all the contributing Factors to the Incident occurring?

(In determining this you will need to inspect the area where the incident occurred, speak to any persons involved in or any persons who witnessed the incident). Environment, Plant/Equipment, Work Practices, Human Factors

Preventative Actions: What actions can be taken to prevent this or a similar incident occurring? Consider: Elimination, Substitution, Engineering, Administrative, Personal Protective Equipment or Clothing.

OFFICE USE ONLY

Responsibility for Implementation & Time Frame: _____

WorkCover Claim

Notifiable Incident

REPORT REVIEW BY: _____

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