**Incident Report Form**

***Please complete for hazard / accident / incident / or allegation of abuse.   
Please only complete the questions appropriate to the event.***

**Details Of Person(s) Involved In Incident:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | First Name and Family Name | | | | | | |
| **Address Line 1:** | Address Line 1 | | | | | | |
| **Address Line 2:** | Address Line 2 | | | | | | |
| **Suburb:** | Suburb | | | NSW | | | **Postcode:** Postcode |
| **Phone:** | Mobile Phone Number | | | Other Phone | | | |
| **Email Address** | Email Address | | | | | | |
| **Date Of Birth:** | Click or tap to enter a date. | | **Position In The Church:** | | | Position | |
|  |  | | | | | | |
| **Incident Report Documented By:** | | Name | | | **Position:** | Position | |
| **Date Reported:** | | Click or tap to enter a date. | | | | | |

**Details Of Incident:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Of Incident:** | Click or tap to enter a date. | **Time Of Incident:** | Time |
| **Location Of Incident:**  Click or tap here to enter text. | | | |
| **Area / Activity During Which The Incident Occurred:**  Click or tap here to enter text. | | | |
| **Description Of Incident: *(When reporting a hazard or accident if appropriate please include drawings /photos)***  Click or tap here to enter text. | | | |

**Witness Statements:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | First Name and Family Name | | |
| **Address Line 1:** | Address Line 1 | | |
| **Address Line 2:** | Address Line 2 | | |
| **Suburb:** | Suburb | NSW | Postcode: Postcode |
| **Phone:** | Mobile Phone Number | Other Phone | |
| **Email Address** | Email Address | | |
|  | | | |
| **Please Complete The Appropriate Questions:** | | | |
| **Other factors pertinent to the incident:**  Click or tap here to enter text. | | | |
| **Weather conditions at the time of the incident:**  Click or tap here to enter text. | | | |
| **Equipment checked and found to be suitable:**  Click or tap here to enter text. | | | |
| **Has personal protection equipment been checked? Was it suitable?**  Click or tap here to enter text. | | | |
| **What instruction and training was given in relation to the activity?**  Click or tap here to enter text. | | | |
| **What was the root cause of the incident? (ie: The main reason the event occurred)**  Click or tap here to enter text. | | | |
| **What corrective action was instigated, both immediately and ongoing in relation to the incident?**  Click or tap here to enter text. | | | |
| **Was First Aid given and by whom was it given. Please provide details.**  Click or tap here to enter text. | | | |
| **Was medical attention sought as a result of the incident? (Please provide details, if known)**  Click or tap here to enter text. | | | |
| **Was there any damage to equipment and/or buildings/property due to the incident? If yes, have Maintenance/Safety representatives been informed to ensure the site is made safe and repairs carried out, if applicable?**  Click or tap here to enter text. | | | |
| **Has the issue been escalated (where required)? (Yes / No)** Choose Yes or No | | | |
| **Is the incident a “Serious Event” notifiable to:**  **Worksafe or the (Yes/No)** Choose Yes or No  **Baptist Association of NSW & ACT? (Yes/No)** Choose Yes or No | | | |
| **…If so, notified by, how and when were they notified**  ***(e.g. Phone/Facsimile/Email? Date?)***  Click or tap here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Name | **Person Filling In This Form:** | Name |

X\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_

Signature Signature

**Date Signed: Date Signed:**

|  |  |  |
| --- | --- | --- |
| Date |  | Date |