



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:

Address Line 1:

Address Line 2:

Suburb:

NSW

Postcode:

Phone:

Email Address

Date Of Birth:

Position In The Church:

Incident Report Documented By:

Position:

Date Reported:

Details Of Incident:

Date Of Incident:

Time Of Incident:

Location Of Incident:

Area / Activity During Which The Incident Occurred:

Description Of Incident: *(When reporting a hazard or accident if appropriate please include drawings /photos)*

Witness Statements:

Name:

Address Line 1:

Address Line 2:

Suburb:

NSW

Postcode:

Phone:

Email Address

Please Complete The Appropriate Questions:

Other factors pertinent to the incident:

Weather conditions at the time of the incident:

Equipment checked and found to be suitable:

Has personal protection equipment been checked? Was it suitable?

What instruction and training was given in relation to the activity?

What was the root cause of the incident? (ie: The main reason the event occurred)

What corrective action was instigated, both immediately and ongoing in relation to the incident?

Was First Aid given and by whom was it given. Please provide details.

Was medical attention sought as a result of the incident? (Please provide details, if known)



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?

Has the issue been escalated (where required)? (Yes / No)

Is the incident a "Serious Event" notifiable to:

Worksafe or the (Yes/No)

Baptist Association of NSW & ACT? (Yes/No)

**...If so, notified by, how and when were they notified
(e.g. Phone/Facsimile/Email? Date?)**

Name: Name

Person Filling In This Form: Name

X

Signature

X

Signature

Date Signed:

Date

Date Signed:

Date