

Details of Person(s) involved in Accident / Incident.

Name _____

Gender _____

Telephone No _____ Date of Birth _____ Time of Incident _____

Address _____

Child / Member / Contractor / Staff Member / Visitor/Other

Accident/Incident Report documented by:

Name _____ Signature _____

Date Reported ____/____/____

Location of Accident/Incident _____

Area/Activity that Accident/Incident occurred

Description of Accident/Incident (include drawings/photographs) where applicable.

Which body parts were affected by the Accident/Incident /Hazard?

Name/Address/Telephone no. of witness – Statement

Attach individual Witness Statements to this report if insufficient space.

Equipment checked and found suitable? Broken or damaged equipment retained?

Personal Protective Clothing (PPC) checked and found suitable?

Corrective Action instigated both immediate and ongoing in relation to the incident / accident.

Was First Aid given and who was it given by? Provide details.

Was medical attention sought because of the incident / accident? Yes No
Please circle

(provide details if known) . Was the person sent to hospital?

Was there any damage to equipment and or buildings/property due to the incident?

Has the Church Office been informed to ensure site is made safe and repairs conducted if applicable?

Guidelines in Relation to use of this form Site specific comments.

- Complete the relevant details on site.
- When completed deliver the report to the Church Office for review, filing and follow up where required

Comments by Church Administrator.

Is the incident/accident a Serious Event' notifiable to WorkSafe Queensland? _____