Once complete, please email to registrar@ntanglican.org.au

Anglican Diocese of the Northern Territory

**Incident / Hazard Report Form**

|  |  |
| --- | --- |
| Date: |   |
| Parish / Group: |   |
| Reported by: |   |
| Location: |   |

***Details of injured person:***

# Section A: Incident Information

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Gender: |  | Date of Birth: |  |
| Contact Details: |  |
| Circle as appropriate: |

***Incident/Hazard Classification***

Circle type of incident:

\*\* Report these urgently to registrar@ntanglican.org.au or 0418 689 170 for reporting to NT Worksafe

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Paid Worker Full Time*** | ***Paid Worker PT / Casual*** | ***Clergy*** | ***Volunteer*** | ***Contractor*** | ***General Public*** | ***Other*** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***First Aid Only*** | ***Medical Treatment*** | ***“Near Miss”*** | ***Operational Hazard*** |
| ***\*\* Serious injury / illness*** | ***\*\* Dangerous Incident*** | ***\*\* Fatality*** | ***Property Damage*** |

***Incident/Hazard:***

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |  | Time of Incident: |  |
| Location: |  |
| Name of Person Reported To: |  |
| Description of Incident, Hazard and/or Damage/Loss: |  |
| Name of Witness: |  |
| Witness Contact Number: |  |

***Cause of injury:***

|  |
| --- |
| Circle the cause of injury or write in ‘Other / Comments’ below: |
|  | ***Slip / Trip*** | ***Fall from height*** | ***Tools / Equipment*** | ***Chemical Substance*** | ***Assault / Verbal abuse*** | ***Animal / Insect*** | ***Structural Damage*** |
|  | ***Lifting / Carrying*** | ***Repetitive postures / actions*** | ***Motor Vehicle*** | ***Electricity*** | ***Inadequate Security*** | ***Bending / Twisting*** | ***Equipment Failure*** |
| Other / Comments: |

***Location of injury on body:***

Circle type of injury:

Other:

Circle body part:



|  |  |  |
| --- | --- | --- |
| ***Fracture / Dislocation*** | ***Electric Shock*** | ***Hearing*** |
| ***Allergic Reaction*** | ***Psychological*** | ***Foreign Body (eye)*** |
| ***Contusion / Bruising*** | ***Burn / Scold*** | ***Bite / Sting*** |
| ***Concussion*** | ***Laceration*** | ***Infectious Disease*** |
| ***Sprain / Strain*** |  |

# Section B: Management Assessment (to be completed by Church Leader)

|  |  |  |
| --- | --- | --- |
| ***Yes*** | ***No*** | ***Unsure*** |
| ***Yes*** | ***No*** | ***Unsure*** |
| ***Yes*** | ***No*** | ***Unsure*** |

|  |
| --- |
| Provide details of subsequent events:The concrete slab and pathway were swept and the large pieces of glass in the grass were collect and disposed of in the garbage bin. |
| Proposed Risk Management Plan:1. Identify the risk (internal/external):
2. Analyse risk (on a scale of low [1]–extreme[5], what is the i) likelihood & ii) consequence of an incident):
3. Risk Treatment Plan (avoid, mitigate, transfer, retain, share):
 |
| Circle one from each of the following questions:Has a corrective measure been identified and carried out?Is further investigation of the incident and/or hazard required? Will a Workers Compensation or insurance claim be lodged? |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Church Leader: |   | Position: |  |
| Signature: |  | Date: |  |
| Email: |  | Phone: |  |

Please forward information to the Registrar by email: admin@ntanglican.org.au Any further comments can be supplied as an attachment.