



# Incident / Hazard Report Form

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

Date:	
Parish / Group:	
Reported by:	
Location:	

## Section A: Incident Information

### Details of injured person:

First name:		Surname:	
Gender:		Date of Birth:	
Contact Details:			
Circle as appropriate:			
<b>Paid Worker Full Time</b>	<b>Paid Worker PT / Casual</b>	<b>Clergy</b>	<b>Volunteer</b>
		<b>Contractor</b>	<b>General Public</b>
			<b>Other</b>

### Incident Classification

Circle type of incident:			
<b>No Injury</b>	<b>First Aid Only</b>	<b>Medical Treatment</b>	<b>"Near Miss"</b>
<b>** Serious injury / illness</b>	<b>** Dangerous Incident</b>	<b>** Fatality</b>	<b>Property Damage</b>
** Report these incident types urgently to registrar@ntanglican.org.au or 0418 689 170			

### Incident details:

Date of Incident:		Time of Incident:	
Location:			
Name of Person Reported To:			
Description of Incident or Property Damage:			
Name of Witness:			
Witness Contact Number:			

**Cause of injury:**

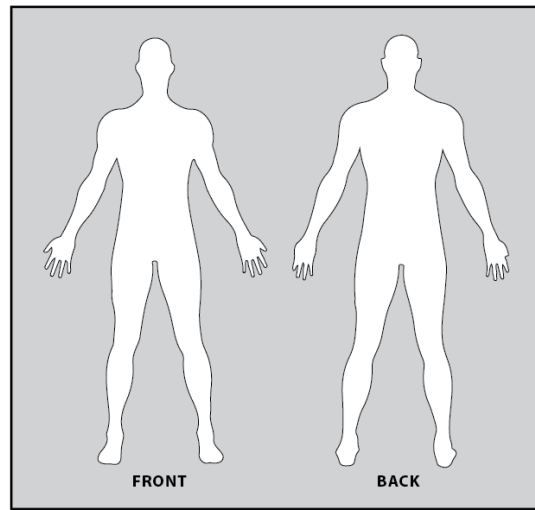
Circle the cause of injury or write in 'Other / Comments' below:

<b>Slip / Trip</b>	<b>Fall from height</b>	<b>Tools / Equipment</b>	<b>Chemical Substance</b>	<b>Assault / Verbal abuse</b>	<b>Animal / Insect</b>	<b>Structural Damage</b>
<b>Lifting / Carrying</b>	<b>Repetitive postures / actions</b>	<b>Motor Vehicle</b>	<b>Electricity</b>	<b>Inadequate Security</b>	<b>Bending / Twisting</b>	<b>Equipment Failure</b>

Other / Comments:

**Location of injury on body:**

Circle body part:



Circle type of injury:

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

Other:

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

Provide details of subsequent events:

Is there a hazard identified? Provide details:

Circle one from each of the following questions:

Has a corrective measure been identified and carried out?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Is further investigation of the incident and/or hazard required?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Will a Workers Compensation or insurance claim be lodged?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>

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

Please forward information to the Registrar by email: [registrar@ntanglican.org.au](mailto:registrar@ntanglican.org.au). Any further comments can be supplied as an attachment.