



# 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/Hazard Classification

Circle type of incident:			
<b>First Aid Only</b>	<b>Medical Treatment</b>	<b>"Near Miss"</b>	<b>Operational Hazard</b>
<b>** Serious injury / illness</b>	<b>** Dangerous Incident</b>	<b>** Fatality</b>	<b>Property Damage</b>
** Report these urgently to registrar@ntanglican.org.au or 0418 689 170 for reporting to NT Worksafe			

### Incident/Hazard:

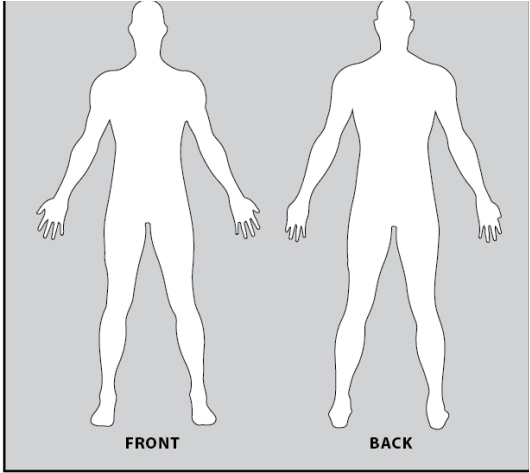
Date of Incident:		Time of Incident:	
Location:			
Name of Person Reported To:			
Description of Incident, Hazard and/or Damage/Loss:			
Name of Witness:			
Witness Contact Number:			

**Cause of injury:**

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

<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:															
	<table border="1"> <tr> <td><b>Fracture / Dislocation</b></td> <td><b>Electric Shock</b></td> <td><b>Hearing</b></td> </tr> <tr> <td><b>Allergic Reaction</b></td> <td><b>Psychological</b></td> <td><b>Foreign Body (eye)</b></td> </tr> <tr> <td><b>Contusion / Bruising</b></td> <td><b>Burn / Scold</b></td> <td><b>Bite / Sting</b></td> </tr> <tr> <td><b>Concussion</b></td> <td><b>Laceration</b></td> <td><b>Infectious Disease</b></td> </tr> <tr> <td><b>Sprain / Strain</b></td> <td></td> <td></td> </tr> </table>	<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>		
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	Other:															

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

Provide details of subsequent events:

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Proposed Risk Management Plan:

a) Identify the risk (internal/external):

b) Analyse risk (on a scale of low [1]–extreme[5], what is the i) likelihood & ii) consequence of an incident):

c) 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?	<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: [admin@ntanglican.org.au](mailto:admin@ntanglican.org.au)  
 Any further comments can be supplied as an attachment.