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| This document is to be utilised for the purpose of informing the WHS team of a WHS safety incident or Near Miss:Please send through to the health and safety email: Health.Safety@ucaqld.com.au

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| Congregation/ Organisation Name:  |
| **About the person/s involved in the incident/near miss** |
|  Paid Employee  Ministry Agent  Volunteer  Contractor  Visitor (*Church Member or General Public*)  Tennant  Hirer |
| Given Name: Surname: |
| Job Title/Position: Contact Number: |
| Work cycle: □ Journey □ Meal or rest break □ Work |
| **Incident Classification/ Outcome** *(Tick all applicable boxes)* |
|  No injury/illness  First Aid Treatment Only  Medical Treatment  Hospitalisation  Near Miss  Property Damage  Environmental |
| **About the incident** |
| Day: Date of Incident: Time of Incident: |
| Date Reported: Time Reported: Name of person reported to:  |
| Exact Location of Incident:  |
| Description of Incident, Near Miss or Property Damage: *(Please state exactly what happened and include contributing factors)* |
| Name of Witness: Witness Contact Number: |
| **How did it happen *(circle)***  |
| Fall from a HeightFall from same levelSlip, Trip Exposure to work stressExposure to aggressive behaviourExposure to heat/cold | Contact with electricityExposure to chemicals/substancesManual handling task (lifting/carrying, push/pulling, twisting/bending, reaching, repeated movement, operating equipment)Contact with sharp object | Being hit by falling object/sBeing hit by moving object/sHitting an object with body part/sMechanical vibrationVehicle accidentOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nature Illness/Injury/Damage *(circle)*** |
| □Sprain/Strain □Fracture □Cuts/Scratch/Abrasion □Bruising □Burn □Bite/Sting □Electrical shock □Concussion □ Foreign Body □Psychological □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Specify Body Location/s Affected** |
| Left/Right \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Person Completing Report Name** | **Signature** | **Date** |
|  |  |  |
|  Maintain copy on Church files |  |  |  |  |
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| **Section B – Management Assessment (To be completed by the Church Representative)** |
| **Rate Severity** of Incident and note actions to be taken *(circle)* |
| LOW | MEDIUM | HIGH |
| * No lost time
* First aid only required
1. Complete incident report
2. Send report to WHS Team
 | * Lost time Injury involving temporary loss of function
* Medical attention required
1. Complete Incident Report
2. Contact WHS Manager
3. Complete Injured Workers compensation forms / Insurance forms
 | * Hospitalisation as an **In-patient** required
* Dangerous incident (e.g. structural damage to building)
1. Immediately contact the WHS Manager to report incident
2. Complete investigation as directed by WHS Team
 |
| **Action Plan** *(List actions taken or planned to prevent recurrence)* |
| **Action** | **By Whom** | **By When** |
|  |  |  |
|  |  |  |
|  |  |  |
| Have you notified the WHS Manager if this is a notifiable incident? **If unsure contact WHS.** | YES | NO |  |
| If the risk level is High – A full Investigation with the assistance of the WHS Team must be completed. **Please contact WHS for assistance.** | YES | NO |  |
| Will a WorkCover Claim be lodged?  | YES | NO | Unsure |
| Will an Insurance Claim be lodged? | YES | NO | Unsure |
| **Church Representative Name** | **Signature** | **Date** |
|  |  |  |
| **WHS Team Comments** |
| Is further investigation required?  Yes  No |
| Has Worksafe Qld been notified?  Yes  No  Not applicable |
| Comments: |
| Name & Position: | Signature | Date  |

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