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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](mailto:Health.Safety@ucaqld.com.au)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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 Height  Fall from same level  Slip, Trip  Exposure to work stress  Exposure to aggressive behaviour  Exposure to heat/cold | Contact with electricity  Exposure to chemicals/substances  Manual handling task (lifting/carrying, push/pulling, twisting/bending, reaching, repeated movement, operating equipment)  Contact with sharp object | | | Being hit by falling object/s  Being hit by moving object/s  Hitting an object with body part/s  Mechanical vibration  Vehicle accident  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **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 | |  |  | |  |  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | | | | | | | | | | |