



Hazard/Incident report form

Original to be retained on congregation / organisation records

This form is designed to assist with the collection of basic information in the event of a Hazard being identified or an Incident occurring (further information may be required). It is for internal use only and should be completed by the employee or volunteer responsible for running the activity or group. Upon completion it is to be handed to the Church Council Secretary who will enter it to the Incident Register and arrange further investigation and/or distribution as required.

If an incident could result in a liability claim against the church, please contact UC Insurance by phone on 07 3377 9725 or by email insurance@ucaqld.com.au

If an incident results in a paid or voluntary worker being hospitalised or could result in a Workers' Compensation claim against the Church by an employee, please

contact the Synod Workplace Health and Safety Resource Advisor by phone on 07 3377 9729 or by email health.safety@ucaqld.com.au.

Incidents resulting in a worker being hospitalised are a notifiable incident and must be reported to [WorkCover Queensland](http://www.workcover.qld.gov.au).

Please refer to <http://ucaqld.com.au/administration/insurance/> and/or <http://ucaqld.com.au/administration/personnel-services/work-health-and-safety/> for full details of appropriate policies / procedures.

If there is insufficient space to complete the details required on this form, please attach additional information.

Definitions

Incident: Any event that gives rise to personal injury and / or damage to property.

Hazard: Any physical condition that exists on the property that has the potential, if left unchanged, to cause personal injury and / or damage to property.

Report no

Name of congregation / organisation

Address of property where hazard located or incident happened

1. Reported by

First name

Surname

Address

Telephone

Hazard/Incident report form

2. Hazard details

Describe the hazard that exists, including its precise location.
(e.g. Loose handrail on rear stairs of hall)

Describe any suggestions to remove hazard

Describe any action taken

3. Incident details

Name of injured person
(if applicable)

Address of injured person

Date of incident

time

Describe how the incident occurred *(List sequence of events preceding incident)*

Hazard/Incident report form

Details of injury or property damage sustained
(e.g. *Bruised arm, short circuit to power points*)

Details of any witnesses to the incident(e.g. *Name, address, phone number*)

First name Surname

Address

Telephone

First name Surname

Address

Telephone

Details of subsequent events
(e.g. *Treatment given, name of doctor, name of hospital*)

4. Declaration

I hereby declare the information provided above is true and correct

Signed

date

5. Investigation

Complete under the direction of the responsible person (leader or manager)

Details of investigation

Hazard/Incident report form

What corrective action was identified?

Who is responsible for completing the corrective action?

Target completion / or review date

Signed responsible person

_____ date

Date corrective action completed

Signed responsible person

_____ date