

Risk Management & Insurance Churches



D. Incident/Hazard Report Form

Report Number

1. Reported by

Surname

Given name

Address

State

Postcode

Telephone: Home

Telephone: Business

2. Hazard details Complete this section only if *no injury or property damage* has occurred

Describe the hazard that exists

Describe any action taken

Describe any suggestions to remove hazard

3. Incident details Complete this section only if an accident causes *injury or property damage*

Name of injured person/owner of damaged property

Address

State

Postcode

Telephone: Home

Telephone: Business

Date of incident

Time

Location

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

Victoria
AD GPO Box 1655
Melbourne 3001
FX +61 3 9614 1545

New South Wales
AD PO Box 1410
Parramatta 2124
FX +61 2 9687 9564

Queensland
AD GPO Box 747
Brisbane 4001
FX +61 7 3011 8999

South Australia
AD PO Box 630
Fullarton 5063
FX +61 8 8338 1920

Western Australia
AD PO Box 840
West Perth 6872
FX +61 8 9324 2013

Tasmania
AD PO Box 330
Launceston 7250
FX +61 3 9614 1545

Details of injury or property damage sustained

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

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/ /

5. Investigation Complete under the direction of the responsible officer or OH&S coordinator

Details of investigation *Attach sheet if necessary with additional details*

What corrective action was identified?

Who is responsible for completing the corrective action?

Target completion/or review date

/ /

Date corrective action completed

/ /

Signed

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Responsible Officer

Signed

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OH&S Co-ordinator

6. Definitions

Incident. Any event that gives rise to personal injury or damage to property, or has the potential to cause personal injury or property damage.

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