

MACQUARIE BAPTIST CHURCH ACCIDENT/ INCIDENT REPORT

When to Use this Form

1. To report any incident and accident, please send this completed form to the OH&S officer. Please use separate forms if more than 1 party is injured.
2. All fires, electrical shocks, spillages of or exposure to toxic substances, failure of load bearing equipment or structures must be reported immediately even if there is no injury.
3. This form should be completed by the person involved and sent to the OH&S officer within 48 hours of any incident.

Details of Incident (Impacted person)				
Title	Last Name/Surname	First Name	Telephone/Mobile	Email
Type (X)	<input type="checkbox"/> Member	<input type="checkbox"/> Regular	<input type="checkbox"/> Visitor	<input type="checkbox"/> Passers-by
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other please specify		
Time of incident	Date of incident	Location of incident		
How as the injury treated?	<input type="checkbox"/> Hospitalisation <input type="checkbox"/> Outpatient <input type="checkbox"/> Onsite treatment <input type="checkbox"/> Other_____			

Reported by (if different from above)				
Title	Last Name/Surname	First Name	Telephone/Mobile	Email
Type (X)	<input type="checkbox"/> Member	<input type="checkbox"/> Regular	<input type="checkbox"/> Visitor	<input type="checkbox"/> Passers-by
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other please specify		

Describe the incident in detail including causes of the accident

--

Describe the injury in detail including injured body parts.

This section to be completed by OH&S officer or Pastoral team

Comments by OHS officer or Pastoral team

Actions taken to remedy and prevent the incident from recurring

Date of review_____