ANGLICAN DIOCESE of MELBOURNE



-ANGLICAN DIOCESE of MELBOURNE_Incident/Hazard Report Form

| Date: | |
|----------------|------------|
| Parish/Entity: | |
| Reported by: | |
| Address: | Post Code: |

| Incident Details | | | | | |
|----------------------|-----------------------|-------------------|--------------|---------------------------|-------|
| Name of Injured Pe | erson and/or Owner | | | | |
| Is this person: | Employee 🛛 | Volunteer 🛛 | Other 🛛 | Details: | |
| Address: | | | | | |
| Date of Incident: | | | | Time of Incident: | Am/Pm |
| Location: | | | | | |
| | | | | | |
| | | | | | |
| Name of witness(e | s): | | | | |
| | | | | | |
| Address: | | | | | |
| Describe how the i | ncident occurred: | | | | |
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| Details of injury or | property damage: | | | | |
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| | , . | | | | |
| Details of subseque | ent events (e.g. trea | tment received/gi | ven, name of | doctor, name of hospital) | |
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| | | | | | |
| Who/what do you | consider caused the | e incident? | | | |
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| | | | | | |
| | | | | | |

 Name:
 Position:

 Phone No:
 Fax No:
 Email:

 Signature:
 Date:

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Incident / Hazard Report Form continued

| Hazard Details |
|------------------------------------------------------------------|
| Is the hazard preventable? Yes No |
| Describe the hazard that exists: |
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| Detail any action taken: |
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| Can the hazard be removed to prevent future occurrences? Yes No |
| If yes, has it been done? Yes I No I |
| |
| What corrective action has been identified or taken?: |
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| Who is responsible for completing corrective action? |
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| |
| What is the target date for completion? |
| |
| |
| |
| Comments |
| Comments |
| Comments |
| Comments |
| |
| Comments Signature of person completing Hazard Details: |
| |

Date: