## **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:				
Details of injury or	property damage:				
	, .				
Details of subseque	ent events (e.g. trea	tment received/gi	ven, name of	doctor, name of hospital)	
Who/what do you	consider caused the	e incident?			
· · ·					

 Name:
 Position:

 Phone No:
 Fax No:
 Email:

 Signature:
 Date:

## **ANGLICAN DIOCESE of MELBOURNE**



## Incident / Hazard Report Form continued

Hazard Details
Is the hazard preventable? Yes No
Describe the hazard that exists:
Detail any action taken:
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?:
Who is responsible for completing corrective action?
What is the target date for completion?
Comments
Comments
Comments
Comments
Comments Signature of person completing Hazard Details:

Date: