



**Deniliquin
Baptist
Church**

INCIDENT/HAZARD REPORT FORM

Details of Person(s) involved in incident Name:

Address:

Telephone No:

Date of Birth:

Gender:

Incident Report

Documented by

Date Reported

Details of Incident:

Time of Incident:

Date of Incident:

Location of incident:

Area/Activity that incident occurred:

Description of incident (attach drawings /photographs if available)

Which body parts were affected by the incident? Provide details.

Witness Statements

Name/Address/Telephone no. of witness - Statement

Other factors pertinent to the incident?

Weather conditions at the time of the incident?

Equipment checked and found suitable? Has broken or damaged equipment been retained?

Has Personal Protection Equipment been checked? Was it suitable?

What instruction and training was given in relation to the activity?

What was the root cause of the incident?

What corrective action was instigated, both immediately and ongoing in relation to the incident?

Was First Aid given and by whom was it given? Provide details and refer to First Aid Report

Was medical attention sought as a result of the incident? (Please provide details, if known)

Was there any damage to equipment and/or buildings/property due to the incident? If yes, have Maintenance/Safety representatives been informed to ensure the site is made safe and repairs carried out, if applicable?

Has the issue been investigated and/or escalated (where required) by whom? Date?

Is the incident a "Serious Event"

Notifiable to Worksafe? Yes / No If yes, notified by Phone/Facsimile/Email?

Date?