The Anglican Diocese of Melbourne

***INCIDENT REPORT FORM***

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Details** | | | | | | | | |
| Name of Injured Person and/or Owner of damaged property: | | | | | | | |  |
| Is this person: | Employee  | | Volunteer  | | Other  | Details: | | |
| Address: | |  | | | | | | |
| Date of Incident: | |  | | Time of Incident: | | | Am/Pm | |
| Location: | |  | | | | | | |
| Name of witness(es): | |  | | | | | | |
|  | |  | | | | | | |
| Address: | |  | | | | | | |
| **Describe how the incident occurred:** | | | | | | | | |
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| **Details of injury or property damage:** | | | | | | | | |
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| **Details of subsequent events (e.g. treatment received/given, name of doctor, name of hospital)** | | | | | | | | |
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| Who/what do you consider caused the incident? | | | | | | | | |

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| --- | --- | --- |
| Name: | | Position: |
| Phone No: | Email: | |
| Signature: | | Date: |

**Incident / Hazard Report Form *continued***

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| **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  No  | |
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| **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 | |
| Signature of person completing Hazard Details: | |
| Position: | |
| Date: | |