The Anglican Diocese of Melbourne

***INCIDENT REPORT FORM***

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| **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: |