



The Anglican Diocese of Melbourne

INCIDENT AND HAZARD REPORT FORM

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

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:				

Details of injury or property damage:				

Details of subsequent events (e.g. treatment received / given, name of doctor, name of hospital)				

Who/what do you consider caused the incident?

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



Incident and 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 · No ·	
What corrective action has been identified or taken?:	
Who is responsible for completing corrective action?	
What is the target date for completion?	
Comments	
Signature of person completing Hazard Details:	
Position:	
Date:	