

ANGLICAN DIOCESE OF BUNBURY – INCIDENT REPORT FORM

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

Incident Details

Name of Injured Person &/or Owner of damaged property:		
Is this person:	Employee <input type="checkbox"/>	Volunteer <input type="checkbox"/>
	Other <input type="checkbox"/>	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 (i.e., treatment received/given, name of doctor, name of hospital)		
Who/what do you consider caused the incident?		

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

Incident / Hazard Report Form *continued*

Hazard Details	
Is the hazard preventable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the hazard that exists:	
Detail any action taken:	
Can the hazard be removed to prevent future occurrences?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, has it been done?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
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: