



Campbelltown City Baptist Church

HAZARD, INCIDENT and NEAR MISS REPORT FORM

HOW TO FILL OUT THIS FORM: (This form is for ALL hazards, incidents, accidents and near misses)

NOTE: THIS IS NOT A WORKCOVER CLAIM FORM

One of the following persons should complete sections A to C only

The person involved in incident or accident OR

A witness to an incident where the person involved is not capable to complete the form OR

An adult leader where the incident involves a child

- Complete Sections **A** to **C** only and sign form
- Once completed, pass form on to your supervisor or Ministry Leader **within 7 days** of incident
- For incidents involving a person attending Church who are not part of a specific ministry, the person completing the form should please pass form onto Church Secretary or one of the Pastors

Ministry Leader or Supervisor

- Complete **Section D** and sign form to confirm the effectiveness of the corrective/preventive action
- Copy form and retain copy for your ministry area as a receipt of injury notification
- Once completed, put form in the letterbox in the downstairs office or give to Marilyn in office or forward form to Church Safety Officer and participate in investigation of the incident **within 7 days**

Note: The 7 days' timeframe is set by the Baptist Insurance Services

Church Safety Officer

- Participate in investigation of reported hazard or incident
- Sign form after completion of Section D to confirm the effectiveness of the corrective/preventative action
- When complete, provide a copy of the completed form to person involved in incident
- All completed incidents should be tabled at next WHS committee meeting
- Review status of preventative actions

Privacy statement:

The information on the form is collected for the primary purpose of reporting, investigation and recording of hazards and incidents. The information may also be used for a related secondary purpose, providing required information to Diaconate for Risk & Insurance; providing you with information about WHS matters; to comply with legislative reporting requirements; attending to day to day administrative matters; and preparing statistical analyses. The information collected on this form may be disclosed to other organisations such as government departments eg WorkCover; the church's legal advisers or other professional advisers engaged by the church. If all of the information requested is not provided, it may not be possible for the church to meet its legal obligations. You have a right to access personal information that Campbelltown City Baptist Church holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information, please contact the Church Secretary.

HAZARD, INCIDENT and NEAR MISS REPORT FORM

Incident Number

Injuries/illnesses: Complete sections A, B, C, D Environmental incidents, hazards, fires and property damage: Complete sections A, B, D

SECTION A: DETAILS OF PERSON INVOLVED IN INCIDENT or PERSON REPORTING HAZARD

Surname: Given Name: Male / Female

Telephone Mobile

SECTION B: INCIDENT DETAILS or NATURE OF HAZARD or DAMAGE Use separate sheet(s) if insufficient space

Date of incident/hazard/damage: .../.../..... Timeam/pm Date when first noticed or diagnosed: ___/.../...

Location of incident/hazard/damage: Room/space Campbelltown / Westside?

Brief description of incident, hazard, fire or damage (what happened?)

SECTION C: INJURY/ILLNESS DETAILS This section to be completed only if an injury has occurred

What area/s of the person's body was injured?

Name of witness or first person on scene: Telephone:

Name of other witnesses:

Treatment details:

None First aider Own doctor Hospital: in-patient casualty

Name and Signature of person completing form: Date: / /

Please now give this form to your supervisor Or Ministry Leader or Church Secretary (for incidents involving visitors)
Note: This form should be submitted with 7 days of accident (Baptist Insurance Services requirement)

SECTION D: INVESTIGATION AND CORRECTIVE/PREVENTIVE ACTION Use separate sheet(s) if insufficient space

ACCIDENT/INCIDENT: Notifiable Other Environmental Hazard/Near Miss

Investigation results (why did it occur?)

.....
.....
.....
.....

Corrective/Preventive action recommended / taken:

.....
Signature:..... Print name:..... Date.....

Attached: Correspondence [] Risk assessment [] Other []

Recommendations in D have been implemented: Yes [] No [] In Progress []

Signature: Print name: Date

Distribution: WHS (original); WHS Committee chairperson; Person involved in incident (retain as receipt of injury notification)