Anglican Diocese of Canberra & Goulburn – Incident Report Form

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

Incident Details		
Name of Injured[1] Person &/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 (ie 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:	

[1] Injured means that a person has been adversely impacted by an incident

Incident / 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:

Please submit the completed form to the Registrar, Mr Trevor Ament, at PO Box 1981 Canberra ACT 2601 or at trevor.ament@anglicands.org.au