



Hazard / Incident Notes

(Original to be retained on Congregation / Organisation records)

Please Note: This form is only intended to be a guide assisting with the collection of basic information in the event of a Hazard being identified or an Incident occurring (further information may be required). It is for internal use only and should not be completed by anyone other than an authorised Church employee, official or representative.

Please refer to <http://ucaqld.com.au/administration/insurance/> and/or <http://personnelservices.ucaqld.com.au/work-health-and-safety/> for full details of appropriate policies / procedures.

If an Incident could result in a Liability claim against the Church, please contact UC Insurance by phone on 07 3377 9725 or by email insurance@ucaqld.com.au

If an Incident could result in a Workers' Compensation claim against the Church, please contact the Synod Workplace Health and Safety Resource Advisor by phone on 07 3377 9729 or by email health.safety@ucaqld.com.au

Report No	Details of injury or property damage sustained <i>(eg. bruised arm, short circuit to power points)</i>
Name of Congregation / Organisation	
Address of Property where hazard located or Incident happened	
1. REPORTED BY	Details of any witnesses to the Incident <i>(e.g. name, address, phone number)</i>
Surname	Details of subsequent events <i>(e.g. treatment given, name of doctor, name of hospital)</i>
Given Name/s	
Address	
Telephone	
2. HAZARD DETAILS [COMPLETE THIS SECTION ONLY IF NO INJURY OR PROPERTY DAMAGE HAS OCCURRED]	4. DECLARATION I hereby declare the information provided above is true and correct
Describe the Hazard that exists, including its precise location. (Eg. loose handrail on rear stairs of hall)	Signed _____ Date _____
Describe any suggestions to remove Hazard	5. INVESTIGATION [COMPLETE UNDER THE DIRECTION OF THE RESPONSIBLE OFFICER]
Describe any action taken	Details of investigation <i>(Attach sheet if necessary with additional details)</i>
3. INCIDENT DETAILS [COMPLETE THIS SECTION ONLY IF AN INCIDENT CAUSES INJURY OR PROPERTY DAMAGE]	What corrective action was identified?
Name of injured person (if applicable)	Who is responsible for completing the corrective action?
Address of injured person	Target completion / or review date
Date of Incident _____ Time _____	Signed Responsible Officer _____ Date _____
Describe how the Incident occurred <i>(List sequence of events preceding Incident)</i>	Date corrective action completed
	Signed Responsible Officer _____ Date _____

Definitions

Incident: Any event that gives rise to personal injury and / or damage to property.

Hazard: Any physical condition that exists on the property that has the potential, if left unchanged, to cause personal injury and / or damage to property.