Mooroolbark Baptist Church
INCIDENT & INJURY REPORT

Date adopted: 01 September 2023
Responsible Position / Ministry Area: Ministry Leaders / Diaconate

This form is to be completed by an adult witness whenever an incident or injury requiring first aid or secondary medical attention occurs (eg. injury leading to doctor or hospital visit).

The original form should be given to the injured person (or parent/guardian if the injured person is under 18 y.o.) and a copy needs to be filed away (securely) for future reference by the Safety Officer at the church. Some serious incidents (including near misses) are reportable (refer to Worksafe Victoria, BUV and BIS for current requirements) so please ensure report forms are given to the Safety Officer as soon as possible. In the event of serious incidents, particularly those requiring hospital attention the safety officer, a pastor or diaconate member must be notified asap or within 24 hours.

Churches should record near misses to identify hazards that may require application of new control measures.

Examples of event to be reported include:

- *Near miss in car park*
- *Robbery or violent incident*
- *Death*
- *Natural Disaster causing damage to property or people*
- *Serious Injury*
- *Structural fault*
- *Any incident requiring application of first aid*
- *Graffiti or other malicious property damage*
- *Trips, slips and falls*

WHS/OHS incident reports must be kept for 5 years, records for liability claims must be kept indefinitely.

GENERAL INFORMATION	
NAME OF INJURED PERSON:	BIRTH DATE:
NAMES OF PARENTS/GUARDIANS: *IF INJURED PERSON IS UNDER 18 YEARS OLD*	
ADDRESS:	
EMAIL:	PHONE:
DATE OF INCIDENT:	TIME OF INCIDENT: *am / pm*

NAME OF GROUP:	
NAME OF LEADER: *SUPERVISING AT TIME OF THE INCIDENT*	
EMAIL:	PHONE:
NAME OF OTHER WITNESSES:	
EMAIL:	PHONE:

DESCRIPTION OF INCIDENT

(Churches need to keep records of all incidents that might give rise to a future liability claim. The record should contain as much details as possible (including photographs) to enable later understanding of the circumstances of the incident.)

Describe the incident: *(USE THE BACK OF PAGE IF NECESSARY)*

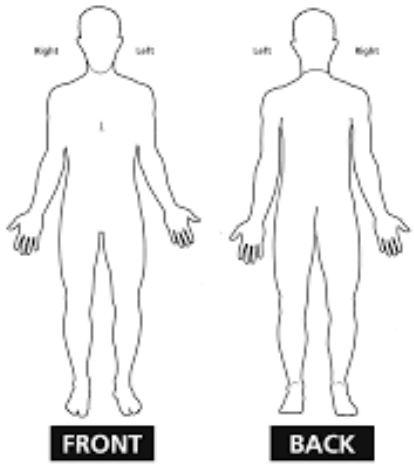
Where did it happen? *(LOCATION, ADDRESS, SPECIFIC ROOM/SPACE)*

What was the person doing when the incident happened?

DESCRIPTION OF INJURY & TREATMENT

What area/s of the person's body was injured?
(PLEASE INDICATE THE LOCATION OF THE INJURY ON THE DIAGRAM & EXPLAIN BRIEFLY)

ie. right forearm – bruised, deep scratch above left eye



Was first aid given or some other action taken?	YES	No
Name of First Aid Attendant:		
Phone:		
Details of First Aid Treatment:		

Was the injured person taken to hospital/doctor as a result of the incident? (*Please circle*) YES NO

Name and address of hospital or medical centre etc:

What steps were taken to reduce hazard and prevent incident from recurring?

TO WHOM WAS THE INCIDENT / INJURY FIRST REPORTED?	
DATE REPORTED:	REPORTED BY:
NAME OF PERSON COMPLETING THIS FORM:	
EMAIL:	PHONE: