

IMPORTANT NOTE: All Incident Reports to be forwarded to the Registrar as soon as possible after the incident occurred – diocese@anglicanchurchcq.org.au

Site Details						
Date Reported:		Parish/Entity:				
Reported By:		Location:				
Section A: Incident Information						
Details of Injured Person						
First Name:			Surname:			
Gender: (circle)	Male	Female	Role:			
Date of Birth:						
Type/Status (circle)						
Paid Worker Full Time	Paid Worker Part Time/Casual	Clergy	Volunteer	Contractor	General Public	Other
Incident Classification (circle)						
No injury	First Aid Only	Medical Treatment	Near Miss	Property Damage		
**Serious injury/illness		**Dangerous Incident	**Fatality	**Electrical Shock or Burn		
**Report these incident types immediately to Registrar (07) 4927 3188 (BH)						
Incident Details						
Date of Incident:			Time of Incident:			
Date Reported:			Time Reported:			
Name of person reported to:						
Description of Incident or Property Damage: (Please state exactly what happened)						
Name of Witness:						
Witness Contact Number:						
Cause of Injury (circle)						
Slip/Trip	Fall from height	Plant / Tools / Equipment	Chemical / Substance	Assault/Verbal Abuse	Animal/Insect	
Lifting/Carrying	Repetitive postures /actions	Motor Vehicle	Electricity	Security	Bending/ Twisting	
Structural damage	Equipment Failure	Pushing/Pulling	Environmental	Other:		

Parish Incident Report Form



Body Part Injured <i>(circle)</i>	Type Of Injury <i>(circle)</i>		
	Fracture / dislocation	Electrical Shock	Hearing
	Concussion	Laceration	Allergic Reaction
	Psychological	Foreign Body (eye)	Infectious Disease
	Sprain / Strain	Contusion / Bruising	Burn / Scald
	Bite/Sting	Other <i>(please specify):</i>	

Section B – Management Assessment *(To be completed by the Parish Leader)*

Rate Severity of Incident and note actions to be taken <i>(circle)</i>		
LOW	MEDIUM	HIGH
No lost time First aid only required 1. Complete Incident Report. 2. Send report to Registrar.	Lost time Injury involving temporary loss of function Medical attention required 1. Complete Incident Report. 2. Contact Incumbent or Churchwarden immediately. 3. Send report to Registrar.	Ambulance or Hospitalisation required Dangerous incident (structural damage to building) 1. Immediately contact Parish WHS Representative to report incident. 2. Contact Incumbent or Churchwarden. 3. Complete Incident Report. 4. Complete investigation as directed by Diocesan Office.

Is there a hazard identified? If so, complete a Hazard Report. Yes No

Checklist and Sign-Off *(circle)*

Have you completed the steps required for the Severity Rating?	YES	NO	
Have you notified the Registrar if this is a **notifiable incident?	YES	NO	
If the risk level is High – A full Investigation with the assistance of the Registrar must be completed	YES	NO	
Will a WorkCover Claim be lodged?	YES	NO	Unsure
Will an Insurance Claim be lodged?	YES	NO	Unsure
All sections of the Incident Form are complete? Forward the completed form to the Registrar at diocese@anglicanchurchcq.org.au	YES	NO	

Parish Leader Comments: *(if you have any concern, please note here)*

Parish Leader Name	Signature	Date

DIOCESAN OFFICE USE ONLY:			
Date Received	Reviewed By	Signature	Action Required (if applicable)