



Incident Report

This form must be completed and submitted to the Work Health & Safety Representative within 24 hours of an Incident. Email admin@oechurch.org.au

Date _____

Disclaimer: The completion and execution of this personal and property incident does not in any way constitute an admission of liability in respect of the alleged incident or the subject of the report and is without prejudice. OEC is to retain the original of this form in the Incident Register.

An **Incident** is an unplanned event that caused (or could have caused) harm. For the purposes of this form, all accidents, incidents and near misses will be referred to as incidents.

Please indicate the type of Incident you are reporting: *(tick all relevant)*

- Near miss
- Physical injury
- Theft or financial loss
- Psychological distress or injury
- Event or programme disruption
- Illness or disease
- Missing person
- Fatality
- Property damage or loss
- A situation giving rise to a risk to OEC's reputation.

The Incident Report Form will go to the OEC Administrator/Work Health & Safety Representative who will:

1. Make sure pastoral follow up occurs.
 2. Conduct an investigation of the incident and evaluation of risks using a Risk Assessment Analysis and implement controls as necessary.
 3. Update the Safety Register and report to the Overseers' next meeting
 4. Advise OEC's insurer as required.
-
-



1. Incident Details

Incident Date _____ Time _____

Event Name _____

Ministry Leader. _____

Incident Summary (in 10 words or less)

What, When and Where

Day of the week _____ Time of Day _____

- Type of incident Physical Injury
- Property Damage

Specific incident location

If outside a building, describe the weather conditions and lighting level

If inside a building, describe the lighting level

Description of the Incident

Describe the incident as it happened, step by step – do not offer opinions on why things did or did not happen.





2. Personal Details

(Please submit a separate page for each person affected)

Full Name

Address

Phone Number (h) _____ (m) _____

Date of Birth _____

In what capacity were they at the event

Employee Volunteer Organiser Group Participant

Details of Injury

Treatment Information

First Aid _____

Doctor _____

Ambulance _____

Other treatment details:

3. Property Details

Description of property

Nature of damage

Owner of property _____

Address _____

Phone (h) _____ (m) _____

5. Reporting Details



Incident Report Form

Witnesses

<i>Name</i>	<i>Phone</i>	<i>Relationship to affected</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please attach details of any other witnesses

Report

Reported by (name) _____

Reported to (name) _____

Position within OEC _____ Date _____ Time _____

Person Completing Incident Report Form

Name. _____

Position _____

Phone _____

Email _____

Signature _____ Date _____





6. Follow-up and Response

(to be completed by Work Health & Safety Representative)

Date Incident Report received: _____

Pastoral notification made: _____

Recorded on Incident Register: _____

Incident Investigation

Risk Assessment Analysis completed:

Should any risks be controlled? If yes, how?

Keep the people involved up to date:

What can we learn from this?

Signed and dated:

