

Incident Report Form

This form is to be completed whenever an incident requiring first aid or secondary medical attention occurs. It should also be completed where church property is damaged.

The completed form should be given to the Senior Pastor (John Smuts) or the Legal Compliance Officer (Catherine Boxhall) as soon as possible after the incident.

GENERAL INFORMATION:

Name of injured person: _____

Address: _____

Phone: _____

Name of employer (if not PBC): _____

Date of incident: _____

Time of incident: _____

DESCRIPTION OF INCIDENT:

1. Describe the incident, including a description of any damaged property (use the back of page if necessary):

2. Where did it happen?

3. What area of the person's body was injured?

4. What was the person doing when the incident happened?

5. How did the incident happen?

6. Name(s) of any other witnesses to the incident:

7. Was first aid given or some other action taken? No Yes If yes, by whom?

8. Additional comments:



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