

Incident Report Form

**Report all incidents to the Church Office within 24 hours**

**E:** **office@mosaicbaptist.org.au** **Ph: 6254 6565**

**M: 0433 646 146**

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| **Date Reported** |  | **Date of Incident**  |
| **Time of Incident** |  |
| **Ministry** |  |
| **Name of Person Filing this incident** | Name Address Phone Email Signature  |
| **Name of Person(s) Involved** | Name Address Phone EmailSignature |
| **Witnesses** | Name AddressPhone EmailSignature |
| **Location of Incident** |  |
| **Describe the Incident** **If someone was injured name them and describe their injuries** |  |
| **Likely Cause** |  |
| **Please explain what was done to assist them****What medical assistance was required?****1. First Aid****2. Medical Treatment****3. Hospitalisation** |  |

Office Use Only

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| **Copies to the following**  |  |
| **Does ACT WorkCover have to be contacted?****If yes – list date** |  |
| **Does the Baptist Union Insurance have to be contacted?****If yes – list date** |  |
| **Date the claim form has been sent** |  |
| **Does this need to be advised the next church meeting, if so when?** |  |

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| **Completed By** |  |
| **Any Additional Notes** |  |
| **Action to be taken by the church** |  |
| **To be Actioned by****( Name & Date)** |  |