

Incident Report Form

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

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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 Email  Signature | |
| **Witnesses** | Name  Address  Phone Email  Signature | |
| **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)** |  |