



AnnST
PRESBYTERIAN CHURCH



HAZARD REPORT FORM

All individuals using the building have a responsibility to draw attention to a hazard or potential hazard where a danger to health or safety, a “near miss”, an unsafe action or an unsafe situation occurs or is observed. This applies particularly to an incident that might lead to an injury, accident or property damage. If necessary, or in doubt, contact the Trust Manager immediately. The individual should promptly fill out the following form to formally record all such situations.

PART 1: LOCATION OF THE HAZARD

Date _____ Time _____

Location: _____

Describe the hazard or unsafe situation ★ : _____

★ If recording a hazard or situation which might cause injury, accident or damage, please 1. Define the concern; 2. The property/equipment/activity involved; 3. Any injury occurring; 4. Any damage noted; 5. Other relevant details.

PART 2 – IMMEDIATE ACTION AND NOTIFICATION

Immediate action/s taken ★ : _____

★ Please record for example 1. Action to de-activate equipment; 2. Any alert to people in the area; 3. Any signage erected or put in place; 4. Other action or relevant details.

Continued →

PLEASE HAND THIS COMPLETED FORM URGENTLY TO THE TRUST MANAGER



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PART 3 – REPORTING AND FOLLOW-UP

Note: If any personal injury or property damage has occurred, this must be reported fully, using the Injury and Incident Report Form

Use additional pages if necessary

Brief details of any injury: _____

Brief details of any equipment involved: _____

Details of any vehicle involved: _____

The names and contacts of any people involved: _____

Who in management was the hazard reported to?: _____

Date: _____ Time: _____

Who else was the hazard reported to?: _____

Date: _____ Time: _____

What action do you suggest to permanently correct the hazard: _____

Report compiled and submitted by:

Name: _____ Signed: _____ Date: _____ 20__



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PART 4 – HAZARD ADMINISTRATION

TO BE COMPLETED BY THE TRUST MANAGER

Form received by _____ Date: _____ 20__

Follow-Up Action Taken:

Permanent corrective Action Taken:

The matter was reported to the following agencies :

- | | |
|--|------------|
| <input type="checkbox"/> Trustees | Date _____ |
| <input type="checkbox"/> Committee of Management | Date _____ |
| <input type="checkbox"/> Trust Insurer | Date _____ |
| <input type="checkbox"/> Other _____ | Date _____ |

The outcome was communicated to the following persons:

Date completed and signed-off: _____