



AnnST
PRESBYTERIAN CHURCH



INCIDENT AND INJURY REPORT (2 pages)

The person responsible for the event should promptly fill out the following form to record all situations of injury, damage, emergency or incident of concern which arises or occurs. This applies particularly to an incident that might lead to a claim against the Trustees for any reason – e.g. accident, injury or property damage. If necessary, or in doubt, contact the Trust Manager immediately.

HAZARD: To record a hazard or situation which might cause injury or damage, please also complete the Hazard Report Form.

FIRST-AID: It is also advisable to complete the Record of First Aid Form if this was given.

In the event of such an incident, **DO NOT ADMIT LIABILITY**

Date _____ Time _____

Location: _____

Type of Activity or other use: _____

Name of person/s eye-witnesses involved in the incident _____

Email, Phone: _____

If a car accident, car registration of other vehicle: _____

If a personal injury, name/s of the person/s injured: _____

Part of body injured and nature of injury: _____

What immediate first aid/treatment was _____

Were the following agencies advised/involved? :

Police Ambulance Fire Service Other _____

INCIDENT: Please record the essential facts, without comment or opinion, eg - 1. Nature of the incident; 2. How it happened; 3. People involved; 4. Description of any injuries; 5. Equipment involved; 6. Property or equipment damage; 7. Immediate actions taken; 8. Other relevant details [eg weather conditions].

_____ Continue on other side →



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Continued _____

_____ Use additional pages if necessary

Report compiled by:

Name: _____ Signed: _____ Date: _____ 20__

Phone Number: _____ Contact Address: _____

FOR TRUST MANAGER USE

Form received by _____ **Date:** _____ **20** _____

Immediate Action Taken:

Follow-Up Action Taken:

The matter was reported to the following agencies :

- | | |
|---|-------------------|
| <input type="checkbox"/> Trustees | Date _____ |
| <input type="checkbox"/> Church Office | Date _____ |
| <input type="checkbox"/> Church Insurer (through Church Office) | Date _____ |
| <input type="checkbox"/> Other _____ | Date _____ |
| <input type="checkbox"/> Other _____ | Date _____ |

PLEASE HAND THE COMPLETED FORM URGENTLY TO THE TRUST MANAGER