

BAPTIST UNION OF VICTORIA  
**Incident / Hazard Report Form**

<b>REPORTED BY</b>	Surname	Given Name:
Address :		Telephone:

<b>HAZARD DETAILS:</b> Complete this section <b>only</b> if no injury or property damage has occurred	
Describe the hazard	
What action has been taken?	
Suggestions to remove hazard	

<b>INCIDENT DETAILS:</b> Complete this section <b>only</b> if injury or property damage has occurred	
Name of injured person / owner of damaged property	
Address	
Date of incident:	
Location of incident:	
Describe how the incident occurred including events leading up to the incident.	
Describe the injury or property damage	
Describe subsequent events (treatment given, name of doctor, name of hospital)	

<b>DECLARATION</b> – I declare that the information provided above is true and correct	
Signed:	Date:

<b>INVESTIGATION</b> – complete under the direction of the responsible officer.	
Details of investigation (attach more pages if necessary)	
What corrective action was identified?	
Who is responsible for completing the corrective action?	
Target completion date:	Date corrective action completed:
Signed: Responsible Officer	Signed: OH & S Coordinator

*Definitions:*

*Incident:* Any event that gives rise to personal injury or damage to property, or has the potential to cause personal injury or property damage.

*Hazard:* Any physical condition that exists on the property that has the potential if left unchanged to cause personal injury or damage to property.