

Form 19 – Notifiable Hazard/Incident Report Form

To be completed by the Responsible Person (person with authority in their absence) to report incidents occurring or identified on church property.

Building or location including address

Completed by

Contractor/visitor Name: _____ Mobile: _____

Parish Duty Holder Name: _____ Mobile: _____

Type of Incident

- Death
- Serious illness
- Dangerous incident

Incident Details

- Date of incident: _____ Time of incident: _____
- Brief description of the hazard/incident. Describe the task, equipment, tools and people involved. Include sketches if necessary. Include any action taken to ensure the safety of those who may be affected.

- Names of witnesses to incident/hazard.

Injured person's name and address

- Name: _____ Address: _____
- Phone: _____ Date of birth: _____
- Occupation: _____

Injury details

- Nature of injury (cut, bruising....)

- Bodily location of injury

Treatment undertaken

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Ambulance | |
| <input type="checkbox"/> | |

Risk Identification

Consider all the factors that may have contributed to the incident or hazard.

- Work/patron behaviour/experience
- Machinery/equipment/substances
- Training/instruction/supervision
- Worksite design/layout/condition
- Work practices/procedures
- Temperature/weather/lighting/noise levels/housekeeping/personal protective equipment

Risk Assessment

Estimate the probability of the incident/hazard occurring again based on experience and previous incident/hazard date

- Low
- Medium
- High

Risk Control

Actions to be taken to eliminate or minimise the risks/contributing factors. Prioritise actions based on level of risk.

Note : The incident site must not be tampered with prior to a WorkCover assessment if required.

| Risk Controls | Priority | By Whom | By When |
|----------------------------------|----------|---------|---------|
| Hazard elimination/substitution | Low | | |
| | Medium | | |
| | High | | |
| Engineering/work environment | Low | | |
| | Medium | | |
| | High | | |
| Work practice/procedure | Low | | |
| | Medium | | |
| | High | | |
| Instruction/training/supervision | Low | | |
| | Medium | | |
| | High | | |

Date submitted to parish priest: _____

Forward a copy of the report to WHS Services (victor.dunn@cq.org.au).

A copy should also be made available to the PFC and retained at the Parish Office.

The PFC should note the recommendations and respond promptly.

