

# ANGLICAN DIOCESE OF ARMIDALE

## Incident / Hazard Initial Report Form

Date:	
Parish/Entity:	
Reported by:	Position:
Contact details:	

### Incident Details

Name of Injured Person and/or Owner of damaged property:				
Is this person:	Employee <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other <input type="checkbox"/>	Details:
Address:				
Date of Incident:		Time of Incident:		Am/Pm
Location:				

Name of witness(es):

Contact details of witness(es):

Describe how the incident occurred:


Details of injury or property damage:


Details of subsequent events (e.g. treatment received/given, name of doctor, name of hospital)


Who/what do you consider caused the incident?


Signature:	Date: