

SAFEMINISTRY WHS

Incident/Near Miss Report

This document is to be utilised for the purpose of informing the WHS team of a WHS safety incident or Near Miss:

Please send through to the health and safety email: Health.Safety@ucaqld.com.au

Congregation/ Organisation Name:		
About the person/s involved in the incident/near miss		
<input type="checkbox"/> Paid Employee <input type="checkbox"/> Ministry Agent <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor (<i>Church Member or General Public</i>) <input type="checkbox"/> Tennant <input type="checkbox"/> Hirer		
Given Name:	Surname:	
Job Title/Position:	Contact Number:	
Work cycle: <input type="checkbox"/> Journey <input type="checkbox"/> Meal or rest break <input type="checkbox"/> Work		
Incident Classification/ Outcome (<i>Tick all applicable boxes</i>)		
<input type="checkbox"/> No injury/illness <input type="checkbox"/> First Aid Treatment Only <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental		
About the incident		
Day:	Date of Incident:	Time of Incident:
Date Reported:	Time Reported:	Name of person reported to:
Exact Location of Incident:		
Description of Incident, Near Miss or Property Damage: (<i>Please state exactly what happened and include contributing factors</i>)		
Name of Witness:		Witness Contact Number:
How did it happen (circle)		
Fall from a Height Fall from same level Slip, Trip Exposure to work stress Exposure to aggressive behaviour Exposure to heat/cold	Contact with electricity Exposure to chemicals/substances Manual handling task (lifting/carrying, push/pulling, twisting/bending, reaching, repeated movement, operating equipment) Contact with sharp object	Being hit by falling object/s Being hit by moving object/s Hitting an object with body part/s Mechanical vibration Vehicle accident Other _____
Nature Illness/Injury/Damage (circle)		
<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Cuts/Scratch/Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Burn <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Electrical shock <input type="checkbox"/> Concussion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____		
Specify Body Location/s Affected		
Left/Right _____		
Person Completing Report Name	Signature	Date

Incident/Near Miss Report

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Maintain copy on Church files

Section B – Management Assessment (To be completed by the Church Representative)			
Rate Severity of Incident and note actions to be taken (<i>circle</i>)			
LOW	MEDIUM	HIGH	
<ul style="list-style-type: none"> No lost time First aid only required <ol style="list-style-type: none"> 1. Complete incident report 2. Send report to WHS Team 	<ul style="list-style-type: none"> Lost time Injury involving temporary loss of function Medical attention required <ol style="list-style-type: none"> 1. Complete Incident Report 2. Contact WHS Manager 3. Complete Injured Workers compensation forms / Insurance forms 	<ul style="list-style-type: none"> Hospitalisation as an In-patient required Dangerous incident (e.g. structural damage to building) <ol style="list-style-type: none"> 1. Immediately contact the WHS Manager to report incident 2. Complete investigation as directed by WHS Team 	
Action Plan (<i>List actions taken or planned to prevent recurrence</i>)			
Action	By Whom	By When	
Have you notified the WHS Manager if this is a notifiable incident? If unsure contact WHS.		YES	NO
If the risk level is High – A full Investigation with the assistance of the WHS Team must be completed. Please contact WHS for assistance.		YES	NO
Will a WorkCover Claim be lodged?		YES	NO
Will an Insurance Claim be lodged?		YES	NO
Church Representative Name		Signature	
WHS Team Comments			
Is further investigation required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has Worksafe Qld been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Comments:			
Name & Position:		Signature	
		Date	