



PLEASE ENTER NAME OF CHURCH OR ORGANISATION

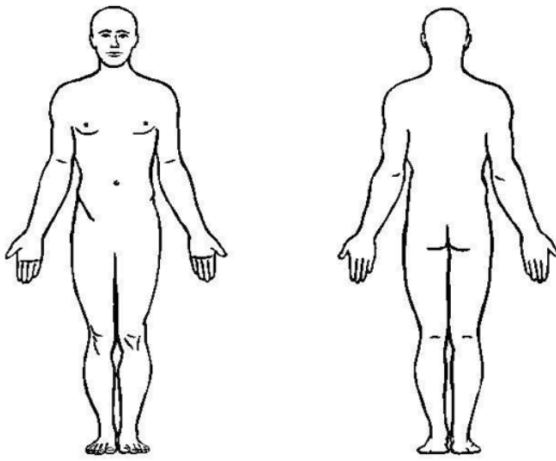
COMO BAPTIST CHURCH

Accident / First Aid / Complaint Report

To be completed where there has been an accident or incident involving physical injury, property damage, complaints or a breach of the Code of Good Leadership Practices.

Name of Person filling in this report:			
Ministry Coordinator:			
Reporter Contact Details:			
Nature of Report:	<input type="checkbox"/> Accident causing personal injury	<input type="checkbox"/> Property damage	
	<input type="checkbox"/> Breach of Code of Good Leadership Practices	<input type="checkbox"/> Complaint	
	<input type="checkbox"/> First Aid (complete page 2)		
Location of Incident:		Date/Time of Incident:	
Describe the Incident. Include the specific location at the venue and circumstances of the incident.			
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Details of Persons Involved			
Name:		Telephone:	
Address:			
Details of Witnesses (If applicable)			
Name:		Telephone:	
Address:			

Risk/ Hazard			
Did the incident occur as a result of a risk or hazard?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, had the risk or hazard been identified prior to the activity commencing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was done to eliminate or control the risk or hazard?			
What could be done in the future to avoid a repeat of the incident?			
Report submitted by:		Position in church:	
Reporter Signature:		Date:	

First Aid Details					
First Aid person in attendance:			Time First Aid person in attendance:		
Observations:					
Indicate area(s) affected by injury (if applicable) by marking with X					
Actions taken / treatment provided:					
Outcome:					
Medication provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's consent if under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ministry Co-Ordinator to retain original copy and give completed form to the Church Safety Officer