## ANGLICAN DIOCESE of The Murray

Incident / Hazard Report Form

Date:							
Parish/Entity:							
Reported by:							
Address:							
			cident Detai	ls			
	Person and/or Ow	ner of damaged	property:				
Is this person:	Employee	Volunteer	Other	Details:			
Address:							
Date of Incident:				Time of Incident:	Am/Pm		
Location:							
Name of witness	(es):						
4.11							
Address:	- 1	1.					
Describe how the	e incident occurred	1:					
Details of injury	or property damag	e:					
2 cours of injury	or property during	5					
Details of subsec	uent events (e.g. t	reatment received	d/given, nam	e of doctor, name of hospital)			
<b>X</b> 71		41					
who/what do yo	u consider caused	the incident?					
Name:			Posit	ion:			

Ivanic.		i Osition.				
Phone No:	Fax No:	Email:				
Signature:			Date:			

## **ANGLICAN DIOCESE of The Murray**

Incident / Hazard Report Form continued

Hazard Details
Is the hazard preventable? Yes No
Describe the hazard that exists:
Detail any action taken:
Can the hazard be removed to prevent future occurrences? Yes No
If yes, has it been done? Yes No
What corrective action has been identified or taken?:
Who is responsible for completing corrective action?
What is the target date for completion?
Commonto
Comments

Signature of person completing Hazard Details:

Position:

Date: