

WHS FORM 1

Anglican
Church
Diocese of Perth



Physical Incident Report

Parent Policy: Policy 2- Work Health and Safety
Completed forms to be forwarded to:
SVAC, WTC and Diocesan Office
Parishes
To be forwarded to the relevant **Health and Safety Committee** for action and to whs@perth.anglican.org for information.
To be forwarded to the relevant **Parish Council** for action and to whs@perth.anglican.org for information.

Reported By: _____ Position / Title: _____
Location: _____
Email: _____ Phone: _____
Date of Report: _____

Incident Information

Name: _____	Date: _____	Time: _____
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Type of Person (tick one):

<input type="checkbox"/> Clergy	<input type="checkbox"/> Lay Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Parishioner/Visitor	<input type="checkbox"/> Contractor
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Type of Incident (tick one):

<input type="checkbox"/> Near Miss	<input type="checkbox"/> Minor Injury	<input type="checkbox"/> Major Injury	<input type="checkbox"/> Death	<input type="checkbox"/> Property Damage
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Description of incident (e.g., what happened, cause, witnesses):

Immediate action taken (e.g., first aid, ambulance called):

Follow up action taken / recommended (e.g., removal of hazard):