

Public & Products Liability - Incident Report Form

(For Completion at Time of Incident)

This form is not to be given to anyone outside PCNSW.

Accidents and incidents where someone is injured on church property or during an event that the church is running do happen from time to time. Accidents are those things that are unexpected. Incidents are an act that harms someone, such as bullying or fighting.

Name of Injured Person (if Third Party did not give name - provide description): _____							
Address : _____							
Phone Number: _____				Mobile Number _____			
Status of Injured Person (Please Tick Box)							
Student	Volunteer	Contractor	Staff	Congregation Member	Patient	Resident	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age: _____ years (approx if unknown) Date of Birth: _____							

1. CHURCH/SCHOOL/COMMITTEE _____

2. Staff / Committee member to whom injury/accident was reported: _____

Date reported: _____ Time _____ AM/PM

Injury was reported: (a) In person (b) By phone (c) By letter (d) Email

3. WHEN DID INCIDENT OCCUR: (if different from the date/time reported above) _____

4. WHERE DID INCIDENT OCCUR: (be specific: - attach site map and photographs, if possible?)

5. HOW DID INCIDENT OCCUR? (According to the injured person, be specific; indicate if any other people were involved or present)

6. Did the accident / incident occur travelling to or from an activity? Yes No

7. Did the accident / incident occur during an authorised activity / normal programme hours? Yes No

8. If yes, was the activity supervised? Yes No

9. If yes, please provide the supervising leader's name: _____

10. If yes, what activity was in progress at the time of the accident / incident? _____

11. WAS THE INJURED PERSON DOING VOLUNTARY WORK AT THE TIME OF ACCIDENT? Yes No

IF YES, DESCRIBE THE TYPE OF WORK _____

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13. APPARENT NATURE OF INJURY/DAMAGE:

14. MEDICAL ASSISTANCE: Please select the most appropriate:

- No first aid was required
- First aid was administered and the person continued in the programme / to work
- First aid was administered and the injured person went home
- First aid was administered and the person was taken to hospital
- First aid was administered and an ambulance was called

15. NAME OF ANY WITNESSES: (Contact Details Required – Names & Address and Phone No:)

16. RELATIONSHIP of WITNESS TO INJURED PERSON:

17. IS ANOTHER PARTY / ORGANISATION INVOLVED? (Please provide details)

18. OUTCOME ANTICIPATED: (Including whether you think the injured party left satisfied or do you think we will hear from them again?):

19. OTHERS NOTIFIED? Please select one or more of the following:

- Parents / carers were contacted at _____ (time)
- Ambulance was called at _____ (time)
- Police / Emergency services were called at _____ (time)
- Church leadership (Name and Position): _____ was contacted at _____ (time)
- PCNSW Child Protection Unit was advised at _____ (time)
- Other _____ specify

20. FOLLOW UP ACTION: Please advise any follow up action taken: _____

NAME OF PERSON MAKING THE REPORT: _____

POSITION: _____

CHURCH/SCHOOL/COMMITTEE: _____

SIGNATURE: _____ DATE: _____

PHONE: _____ EMAIL: _____

The Investigation Report Form should also be completed and faxed (02) 9310 2679 or mailed to the Insurance Department, Presbyterian Church Offices.

