Church: Enter church name here

Parish: Enter parish name here

1. Particulars of Accident

Date of accident: dd/mm/yyyy

Time: Enter time here 

Address: Enter street address here
Enter suburb/town here

Location at address: Enter where on the property the accident occurred

Weather conditions: Describe the weather at the time of the accident (if applicable)

Date reported: dd/mm/yyyy

1. The Injured Person

Name: Enter name of injured person

Address: Enter street address here (optional)
Enter suburb/town here

Date of birth: dd/mm/yyyy (optional)

Phone number: Enter phone number

Church role: Choose an item.
Enter role title, or describe the work they do

Profession outside of church?: Enter details of their profession outside of the church (if applicable)

**Type of Injury**:

[ ]  Bruising [ ]  Dislocation [ ]  Strain/sprain
[ ]  Scratch/abrasion [ ]  Internal [ ]  Fracture
[ ]  Amputation [ ]  Foreign body [ ]  Laceration/cut
[ ]  Burn/scald [ ]  Chemical reaction
[ ]  Other: (specify injured part of body)
Enter details of where on the body harm occurred

Comments:
Enter comments or other additional information here

1. Damaged Property

Property or material damaged: Enter details of any damaged property/material, or “N/A”

Nature of damage: Enter details of the property damage

Object/substance causing damage: Enter details of the object that caused the accident (if applicable)

1. The Accident

**Description**:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Describe the accident

**Analysis**:

What caused the accident?

Enter details of the cause of the accident

**How serious could it have been?**



**How often is this likely to happen again?**



**Prevention:**

What action has or will be taken to stop another accident like this happening?

Tick items already actioned.

Write below if you need more space.

Include council meeting minutes to show agreed actions if possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Action | Tick | By Whom | When |
| Enter action details here |[ ]  Enter name | dd/mm/yyyy |
| Enter action details here |[ ]  Enter name | dd/mm/yyyy |
| Enter action details here |[ ]  Enter name | dd/mm/yyyy |
| Enter action details here |[ ]  Enter name | dd/mm/yyyy |
| Enter action details here |[ ]  Enter name | dd/mm/yyyy |

1. Treatment and Investigation of Accident

Type of treatment given: Enter how the person was cared for

Name of person giving first aid: Enter name

Doctor/Hospital: Enter doctor’s name and hospital name (if applicable)

Accident investigated by: Enter name Phone No: Enter phone number Date dd/mm/yyyy

Witnessed by: Enter name Phone No: Enter phone number

Witnessed by: Enter name Phone No: Enter phone number

WorkSafe advised:  Date dd/mm/yyyy

**Submit completed accident investigation form to** **healthandsafety@methodist.org.nz**

Include any photos of:

* any equipment involved in the incident,
* the ground/wall/roof that the equipment was on
* the site plan (or Google map satellite view) if possible.

Space for other notes is here. Remember to add dates and times and names with your notes.

Click here to enter text.

Click here to enter text.