

KURRI KURRI BAPTIST CHURCH

Accident/Incident Report

Document 47	
Replace existing document?	Yes
Version:	2.0 (Form updated by Baptist Insurance Services)
Model Document Credit:	Baptist Insurance Services (BIS) Resource – Incident Report Form – Accident/Incident Report. Accessed through BIS Members Portal on 29/7/26 https://www.baptistinsurance.com.au/wp-content/uploads/2021/10/Sample-incident-report-form_0.pdf
Details of superseded documents:	(Version 1.0) Baptist Insurance Services (BIS) “Risk Information – Churches Incident Reporting” (BIS040 Churches_Incident_Reporting.docx) sample Incident Reporting Form https://www.baptistinsurance.com.au/wp-content/uploads/2021/10/BIS040-Churches_Incident_Reporting.pdf Adopted by Governance Body on 8/7/2025
Adopted by governance body on:	18/8/2026 (model document adopted without alteration)
Last date reviewed:	18/8/2026
Review due date (annual review):	18/8/2027

Note: Throughout this document, “Church” refers to Kurri Kurri Baptist Church, the local Church which adopted this document.

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Accident/Incident Report
Details of Person(s) involved in Incident Name _____ Address _____ Gender _____ Telephone No _____ Date of Birth _____ Student/Teacher/Contractor/Staff Member/Private Camper/ _____ (fill in blank if other)
Incident Report documented by: _____ Date Reported _____
Details of Incident Time of Incident _____ Date of Incident _____ Location of Incident _____ Area/Activity that incident occurred _____ Description of Incident (include drawings/photographs) _____ _____ Which body parts were affected by the incident? Provide Details _____
Witness Statements Name/Address/Telephone no. of witness – Statement _____ _____ _____ _____
Other factors pertinent to the incident? _____ Weather conditions at the time of the incident? _____ Equipment checked and found suitable? Broken or damaged equipment retained _____ PPE checked and found suitable? _____ What instruction and training was given in relation to the activity? _____ _____
What was the Root cause of the incident? _____ _____ _____ _____ _____
Corrective Action instigated both immediate and ongoing in relation to the incident _____ _____ _____ _____ _____

Was First Aid given and who was it given by? Provide details refer to First Aid Report

Was medical attention sought as a result of the incident? (provide details if known)

Was there any damage to equipment and or buildings/property due to the incident?

Has Maintenance/Safety Representatives been informed to ensure site is made safe and repairs conducted if applicable?

Has the issue been escalated (where required)?

Is the incident a 'Serious Event' notifiable to 'WorkSafe'?

Notified by Phone/facsimile/email? Date

Guidelines in Relation to use of this form

Site specific comments

Other Details
