Forest Lake Baptist Church

FLBC Form No : 003	INJURY/ INCIDENT REPORT	
Form Approved By: *Ministry Council*		Page: 1 of 2
		Revision: 1.0

Only complete this form for incidents that have resulted in an injury

1. INJURED PERSON DETAILS

REPORT REFERENCE (Prefix) (Number)

Family Name: ☐Male

Given Name(s): ☐Female

Address:

Date of Birth:

Qld Baptist: Refer to: Ministry to under 18's Pg's 25-28 FLBC, R.M.P

Emergency/Parent Contact Name: Number:

Complete this section with Details of Actual Date / Time / Location Injury Occurred.

Date: Incident Address: Incident location:

Time (24 hr):

2. PERSON COMPLETING REPORT DETAILS

Name: (Person completing report) Date:

Email: Contact Number:

3. INJURY OUTCOME

Is this a NOTIFIABLE injury? ☐ **Yes** ☐ **No**	☐Serious Bodily Injury	☐Dangerous Event	☐Serious Electrical Incident
	☐Work Caused Illness	☐Death	☐Dangerous Electrical Event

If you answered YES above please complete below

Who, What and How were the Authorities Notified?:

Please refer to: FLBC Risk Management Policy, Incident Management Pg's 42-43

Injury Details

Type of Injury or Injuries:

☐Abrasions	☐Choking	☐Fainting	☐Nausea/Vomiting
☐Amputation	☐Contusion/Crush	☐Foreign Object	☐Nose Bleed
☐Bites/Stings	☐Death	☐Head Bump/Knock	☐Respiratory Distress
☐Bruise/Contusion	☐Dental injury	☐Laceration	☐Substance Ingestion
☐Burns/Scalds	☐Fracture/Dislocation	☐Minor Cuts/Scratches	☐Swelling
☐Other (Please explain):			

Part of Body Affected: ☐Left Side ☐Right Side

☐Ankle	☐Ear	☐Finger/Thumb	☐Head	☐Neck	☐Thigh
☐Back	☐Elbow	☐Foot/Toe	☐Hip/Groin	☐Shin/Calf	☐Upper Arm
☐Buttock	☐Eye	☐Forearm	☐Internal	☐Shoulder	☐Wrist
☐Chest	☐Face	☐Hand	☐Knee	☐Stomach	☐Other:

Further Description of Injury, Illness and Incident (Do not include cause of injury in this section):

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Medical Treatment:

☐No treatment given	☐First Aid*	☐Hospital**
☐Ambulance	☐Doctor	☐Other:

*Describe First Aid Provided:

**Please Provide Hospital Details:

4. ROOT CAUSE OF INJURY / INCIDENT(what)? Determine by asking why ?

☐Animal / insect	☐Machinery / fixed plant	☐Powered plant & tools
☐Biological agent (e.g. Pathogens)	☐Materials & Substances	☐Psychological / Social
☐Body stressing	☐Mental stress	☐Radiation
☐Chemical	☐Mobile plant / equipment	☐Repetitive work
☐Electrical	☐Needle / sharp	☐Situation – violence, assault
☐Environmental	☐Noise, sound & pressure	☐Surface (slippery, rough)
☐Explosion / implosion	☐Non-powered plant & tools	☐Thermal (heat, cold)
☐Fall, trips & slips	☐Not determined	☐Vehicle / transport
☐Hitting objects with part of body	☐Objects	☐Workplace harassment
☐Lifting / carrying	☐Other & unspecified agencies	☐Workstation design

If Other & unspecified agencies, please include ANY available information.

5. POSSIBLE CONTRIBUTING FACTORS

☐Access	☐Machine design	☐Supervision *(lack off or poor)*
☐Activities of/by others	☐Maintenance	☐Unable to determine
☐Deadlines / haste	☐Not following procedure/practice	☐Ventilation
☐Design problem	☐Other or unspecified	☐Visibility *(lighting)*
☐Environment	☐Overload / fatigue	☐Visibility *(obstructed view)*
☐Ergonomics / furniture	☐Personal protection, absence of	☐Warning systems
☐Footing	☐Personal protection, inadequate	☐Work organization
☐House keeping	☐Physical fitness	

If Other or unspecified, please include ANY available information.

This section is to be completed by / with the injured Person as soon as possible.

6. What in your opinion contributed to the incident?

What were you doing at the time of the incident?:

Please describe what happened in as much detail as possible?

Witness names and contact details (if applicable)

1.

2.

3.

1. **ON COMPLETION PLEASE FORWARD TO THE FLBC SECRETARY OR THE FLBC SAFETY COORDINATOR**
2. **MINISTRY LEADER TO COMPLETE 'INCIDENT / INJURY INVESTIGATION' FORM AND ATTACH TO THIS REPORT**

Refer to procedure "Incident / Injury Investigation" requirements