

**ANGLICAN DIOCESE OF GRAFTON**

**ACCIDENT / INCIDENT REPORT**

(use only for personal injury to a Third Party or for damage to Third Party property)

Entity:.....A.B.N.....

Address: .....Post Code.....

GST registration: Yes  No

Date of Accident / Incident ..... Time of Accident / Incident .....

Details of injured person involved:

Employee  Volunteer  Contractor  Visitor

Name: ..... Date of Birth: ..... Sex: M / F

Injury Details:

Bodily location of injury .....

Nature of injury .....

.....

.....

.....

Was person hospitalised as a result of accident / incident? Yes  No

Name of any witness(es) .....

Accident / Incident Details

Location of the Accident / Incident .....

What do you consider caused the Accident / Incident? .....

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Specify remedial action taken to prevent a recurrence: .....

.....  
.....

Third Party Property Damage details:

Particulars of loss or damage:      Date: .....      Time: .....

Location:.....

Full description (including cause):.....

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Specify remedial action taken to prevent a recurrence: .....

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.....  
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Further Comments: .....

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.....  
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Name: .....

Position: .....

Phone: .....      Fax: .....

Email: .....

Signature: .....

Date: .....