

INCIDENT/NEAR MISS REPORT

INFORMATION ABOUT PERSON(S) INVOLVED IN INCIDENT

(If the person involved in the incident is unwilling to give details, or if it is inappropriate to ask for details then please just provide name only)

Person 1 - Name: _____

If under 18 – Have their parents completed our Superkid/Youth enrolment form? No Yes *(Skip to Next Section)*

If under 18 – Age (approximate if nec.): _____ Parent/Guardian Name: _____

Phone Number/Details: _____

Person 2 - Name: _____

If under 18 – Have their parents completed our Superkid/Youth enrolment form? No Yes *(Skip to Next Section)*

If under 18 – Age (approximate if nec.): _____ Parent/Guardian Name: _____

Phone Number/Details: _____

If more than two people – please use additional sheets as needed.

INFORMATION ABOUT INCIDENT:

Incident involving injury Note: This does not only include cases where Breakthrough is at fault – include all cases that take place on BCC property or at a BCC event.
eg. Two children clash heads and need ice applied to bumps in a Jumping Castle at BCC Family Day Event, A person injures their knee tripping over a vacuum cleaner.

Incident NOT involving injury *eg. A child gets a fright and wets themselves, a verbal fight in the carpark*

A Near Miss An incident where no-one is affected but someone could have been. The purpose is to help us improve our OHS.
eg. A worship team member trips over a cord on stage, An electric jug is knocked over in the kitchen spilling boiling water, A car carrying Youth to an event blows a tyre.

Date of Incident: ____ / ____ / ____ Time: _____ Were BCC Authorities Notified? Yes No

Location of Incident: _____

Description: *(What happened, how it happened, factors leading to the incident, etc. Be as specific as possible, and attach additional sheets if necessary)*

Were there any witnesses? No Yes, if so provide, Names/Phone No.s:

If a child was involved, were the parents/guardians notified? Yes No, if not, why not?:

INJURY REPORT

Describe the injury (laceration, sprain, etc), the part of the body injured, and any other information known about the resulting injury.

Was there medical treatment provided? Yes No Patient Refused

If yes, where was the treatment provided? On site Ambulance/Hospital Other (Please specify)

Provide the name(s) of those that provided the treatment: _____

OTHER INFORMATION

Please provide any further information you think may be helpful:

REPORTER'S INFORMATION

Your Name: _____ Signed: _____ Date: ___ / ___ / ___

FOR OFFICE USE ONLY

Report Received and Filed by: _____ Date: _____

FOLLOW UP ACTION OF INCIDENT

Document any follow up action taken after the incident (including both before and after Report)

Include items such as:

- Insurance notifications/claims
- Discussion with parents/guardians
- Discussion with BCC Leaders and OHS/Safe Churches Representatives

Date	Action Taken	By Whom

REDUCING RISK

Document the Safety Team's Discussion following this event, and what will be done to decrease the possibility of future occurrences:

(Include in description if decision is that this was a once off event, and no action will be taken)

Date	Action Taken	By Whom