## INCIDENT / ACCIDENT REPORT

|           |                      |      |       |          | _    |      |     |           |    |      |                 |  |         |   |
|-----------|----------------------|------|-------|----------|------|------|-----|-----------|----|------|-----------------|--|---------|---|
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
| DATE      |                      |      |       |          |      | TIME |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         | 1 |
| NAME OF I | PERS                 | ON 1 | INVO  | LVED     |      |      |     |           |    |      |                 |  |         |   |
| CONTACT   | NUM                  | BER  |       |          |      |      |     |           |    |      |                 |  |         |   |
| LEADER(S  | ) OF                 | ACT: | (VIT) | <b>(</b> |      |      |     |           |    |      |                 |  |         |   |
|           | LOCATION OF INCIDENT |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          | LC   | CAII | LON |           | NI |      |                 |  |         |   |
| ROOM 1    |                      | ROC  | )M 2  |          | ROO  | M 3  |     | ROOM 4    |    | PRE  | RE-SCHOOL ROOM  |  |         |   |
| SANCTUAF  | RY                   |      | СНА   | PEL      |      | FELL | OWS | SHIP LOUN | GE |      | RECOVERY OFFICE |  |         |   |
| DINING R  | DINING ROOM          |      |       | GYM      | NASI | JM   |     | LIBRARY   |    | STUD | IO A            |  | KITCHEN |   |
| OTHER     |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
| DESCRIPT  | ION                  | OF I | NCID  | ENT:     |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |
|           |                      |      |       |          |      |      |     |           |    |      |                 |  |         |   |

## INCIDENT / ACCIDENT REPORT

| DESCRIPTION OF INJURY:                 |  |          |  |  |  |  |  |
|--|--|----------|--|--|--|--|--|
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
| DESCRIPTION OF ACTION TAKEN:           |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
| DESCRIBE FIRST AID / MEDICAL TREATMENT | DESCRIBE FIRST AID / MEDICAL TREATMENT (if necessary): |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
| PERSON NOTIFIED                        |  |          |  |  |  |  |  |
| RELATIONSHIP                           | TIME CONTACT   | TFD      |  |  |  |  |  |
| RELATIONSHIP                           | TIME CONTAC  | ILD      |  |  |  |  |  |
| NAMES AND PHONE NUI                    | MBERS OF WITH  | NESS(ES) |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |
| NAME                                   |  | PHONE    |  |  |  |  |  |

## **INCIDENT / ACCIDENT REPORT**

## THE FOLLOWING PERSONS MUST BE NOTIFIED AS SOON AS POSSIBLE

| MINISTER             | TIME |  |
|----------------------|------|--|
| DUTY OF CARE OFFICER | TIME |  |

| DUTY OF CARE RECOMMENDATIONS |                                 |             |  |  |  |  |
|------------------------------|---------------------------------|-------------|--|--|--|--|
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
|                              |                                 |             |  |  |  |  |
| Signature                    | of Reporter                     | Date & Time |  |  |  |  |
|                              |                                 |             |  |  |  |  |
| Signature                    | of Parents/Guardian if a minor  |             |  |  |  |  |
| Signature                    | or Farence, Guardian ir a minor | Date & Time |  |  |  |  |
|                              |                                 | _           |  |  |  |  |
| Signature                    | of Duty of Care Officer         | Date & Time |  |  |  |  |
|                              |                                 |             |  |  |  |  |
| Signature                    | of Minister                     | Date & Time |  |  |  |  |
|                              |                                 |             |  |  |  |  |

Appendix 6  $\sim$  Duty of Care Policy and Procedures © 2022 Central United Church