ANDREWS FARM COMMUNITY CHURCH
A RIVER OF LIFE & HOPE THROUGH JESUS CHRIST

Incident Report form & First Aid Treatment

Purpose:

It is the intention of Andrews Farm Community Church (AFCC) to provide a safe environment that either eliminates or at most, reduces the likelihood of personal injury or damage to property.
This form is to draw attention of any actual incident or circumstance that has happened or could have happened to cause an injury or damage to property, this form must be completed.

Note: This form (and the First Aid Treatment Form if there is an injury) is to be completed whenever there is an actual accident or a near-miss.

Type of incident	Incident actually occurred. ☐ / Potential hazard. ☐		
Description of incident:			
How the incident occurred. (contributing factors):			
Date of incident:		Date reported:	
Actions taken after incident. Please circle appropriate response:	First Aid performed. ☐ Medical treatment advised. ☐ Ambulance required. ☐	Hazard eliminated. ☐	
Name of affected person:			
Nature of injury. If any			
Property damaged (if any):			
Name of person reporting (if different from affected person):			
Name(s) of witness.			
Corrective action: *To be completed by person reviewing Incident Form.*	What needs to happen	By when	Person responsible

If an injury has occurred, then complete the First Aid Treatment Form on other side.

When completed, please hand to Pastor for actioning.

First Aid Treatment Form

Details of the person receiving treatment

Surname: _____ Given Names:_____

Date of Birth: _____ Sex: M ☐ /F ☐

Status: Member: ☐ Regular Worshiper ☐ Visitor ☐ Contractor ☐

If Visitor: Address:_____

If Contractor: Name and address of Contractor:

_____

_____

_____

Nature of Illness/Injury

Treatment Provided.

Referred (Please tick):

First Aid only ☐

Hospital by Ambulance ☐

Hospital by private means ☐

Own Doctor ☐

Other ☐

_____

Was an ambulance required? Yes ☐ / No ☐

First Aider's name _____

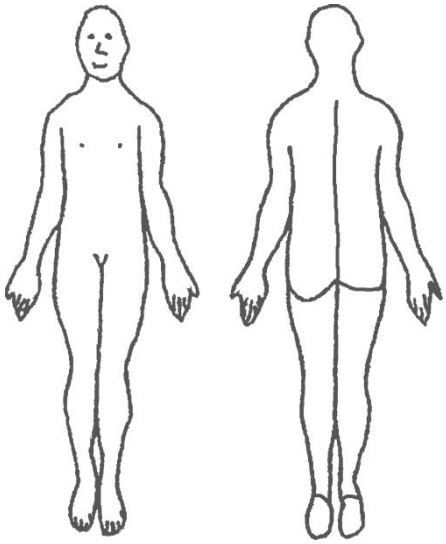
Signature:_____

Date:_____ Time:_____

Assessment.

Mark condition using the code below on the diagram.

Abrasion
Burn
Contusion
Deformity
Fracture
Haemorrhage
Laceration
Pain
Rigidity
Swelling
Tenderness



See other side for Incident Report Form.

Office use only: -
Form: Incident report Form & First Aid Treatment Form Combined

Composed	April 2019.	Review due	April 2019	Reviewed	
By:	R Smith	By:		By:	