**Accident/Incident Report Form**

This form must be completed in the event of an accident where a person is injured or where Bahá’í property is damaged. If more space is required please attach additional sheets.

***Completed form must be sent to the National Bahá’í Centre (secretariat@bahai.org.au) as soon as possible:***

***173 Mona Vale Rd, Ingleside, 2101***

***Email -*** ***secretariat@bnc.bahai.org.au***

***Fax ( 02) 99989223***

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| **A. Details of Injured** |
| **Name** |  |
| **Please Tick  Employee/Volunteer  Third Party** (i.e. person attending Bahá’í venue/event) |
| **Address** **of Injured** |  | **Contact No.** |  |
| **B. Details of accident/Incident**  |
| **Date** |  | **Time** |  |
| **Location** |  |
| **Describe the cause of the accident/incident and how it occurred** |  |
| **Accident resulted in (tick all that apply)** |
|  ** Injury  Illness  Death  Property Damage  Near Miss** |
| **Describe the nature of the injury/illness and the part of the body affected (e.g. laceration right upper arm)** **If property damage occurred, explain the extent of the damage** |  |
| **What action was taken after the accident/incident (include name and contact number of person who provided treatment or repaired damage to property)?** |  |
| **What action has/will be taken to prevent similar accidents/ incidents? When will these measures be implemented?**  |  |
| **c. Witness To Accident/Incident** |
| **Name** |  | **Contact No.** |  |
| **What was witnessed?** |  |
| **D. Details and Signature of Person Completing Form** |
| **Name** |  | **Contact No.** |  |
| **Signature** |  | **Date** |  |