

GYMEA PEOPLES CHURCH

ACCIDENT REPORT FORM

Confidential

Send to: The Pastor
GyMEA Peoples Church
P.O. Box 216
GYMEA NSW 2227

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1. Event: _____

2. Organiser: _____

Address: _____

3.1 Personal data of injured person

Surname (Capitals): _____ Given names: _____

Sex (M/F) [] Date of Birth: _____ Phone (H): _____ (W) _____

Private address (Street, location, postcode): _____

3.2 Injured person: [] Child [] Leader [] Other (Specify): _____

4. Time and date of accident (24 hour time, e.g. 1.15 pm = 13.15)

Time: _____ Date: _____

5. Part of body injured – Enter number(s) [] [] [] [] []

- | | | | |
|------------------|------------------|----------------|-------------------|
| 01 Eye* | 08 Wrist | 15 Hip | 22 Internal |
| 02 Ear | 09 Hand | 16 Groin | 23 Nervous system |
| 03 Face | 10 Finger | 17 Knee | 24 Skin |
| 04 Head – other* | 11 Arm – other | 18 Ankle | 25 Respiratory |
| 05 Neck* | 12 Chest | 19 Foot | 26 Systemic |
| 06 Shoulder | 13 Back* | 20 Toe | 27 Mouth |
| 07 Elbow | 14 Torso – other | 21 Leg – other | |

*Visit to doctor should be automatic

6. Nature of injury – Enter number(s) [] [] [] [] []

- | | | |
|-------------------|---------------|----------------------|
| 01 Strain/Sprain | 07 Irritation | 13 Hernia |
| 02 Bruise/Crush | 08 Bite/Sting | 14 Hearing loss |
| 03 Laceration/Cut | 09 Poisoning | 15 Infection/Disease |
| 04 Head – other | 10 Amputation | 16 Superficial |
| 05 Fracture | 11 Concussion | 17 Other |
| 06 Burn/Scald | 12 Allergy | |

7.1 Activity at the time of the accident

7.2 Was the activity supervised? [] No (Go to 7.3) [] Yes (Please specify)

Name of leader supervising: _____

Phone: (H): _____ (W) _____ Address: _____

7.3 If “No”, was it an official Church activity? [] Yes [] No

8. Initial severity assessment – Enter number []

- | | |
|------------------------|---------------------------------|
| 1 Minor | 3 Possible permanent disability |
| 2 Temporary disability | 4 Fatal |

9. Immediate treatment

1. First aid (give details)

2. Doctor (give details)

3. Hospital (give details)

10. Where did the accident occur?

Location name: _____

Exact place: _____

11. Injured person's training/experience related to the activity at the time of the accident: _____

12. Was any instruction given to the group before the activity? (give details)

13. Factual description of the accident (what happened) (Attach report if insufficient space):

14. Was protective equipment/Safety device related to this activity being used?

☐ Yes ☐ No ☐ Not applicable

If “Yes”, what was it? _____

15. Does the injured person suffer from any pre-existing condition which may have caused or aggravated the accident? [☐] Yes [☐] No If “Yes”, give details

16. Witnesses to the accident: (Attach signed and dated witness reports)

Witness name: _____ Position: _____

Address: _____

Phone: (H) _____ (W) _____

Witness name: _____ Position: _____

Address: _____

Phone: (H) _____ (W) _____

Witness name: _____ Position: _____

Address: _____

Phone: (H) _____ (W) _____

17. Has other necessary action been taken?

Parent/Guardian notified? [☐] Yes [☐] No

Photographs of accident site taken? [☐] Yes [☐] No

Police notified? [☐] Yes [☐] No

(Name of officer: _____ Phone: _____)

If any other organisations have been notified, please state details:

18. Signatures

Supervising leader: _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

Person writing this report: _____ Signature: _____ Date: _____