

Incident / Near Miss Investigation Form – Part 2



This document is to be utilised for the purpose of investigating an OHS / WHS incident or Near Miss:

Please send through to the Synod Team Group Email: SynodOHS@victas.uca.org.au within 24 hours of the incident.

Please note that you must contact the Synod OHS Team immediately by phone if you become aware of any of the following incidents:

- Fatal injury
- Someone suffers serious bodily injury or illness
- Someone other than an employee suffers any injury, no matter how minor
- A dangerous incident which could have resulted in someone being fatally injured or suffering serious bodily injury or illness.

Congregation/ Organisation Name:		
General		
Date of investigation:	Incident Report reference Number (attach report):	
Date of incident / near miss occurrence: / /		
Location where incident / near miss occurred:		
Has a similar incident / near miss occurred previously (tick):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any person injured?		
Nature of injury.		
Was it a Notifiable incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was WorkSafe notified?	<input type="checkbox"/> Yes By:	Date and time: <input type="checkbox"/> No
Worksafe Incident Notification Reference Number (provided by Worksafe)		
UCA requirements		
Details entered into work injury register/incident register	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there incapacity to work?	<input type="checkbox"/> Yes (Notify RTW/IM Team) <input type="checkbox"/> No	
Investigation team		
Contact Person / Congregation Leader (investigation lead):		
Synod OHS Team Representative:		
Health and Safety Representative:		
Other:		
Witness details		
Name:	Position:	Contact Number: Email address:
Name:	Position:	Contact Number: Email address:



Description of event		
Name of Person/s involved in the incident/near miss: <input type="checkbox"/> Paid Employee <input type="checkbox"/> Ministry Agent <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor (<i>Church Member or General Public</i>) <input type="checkbox"/> Tenant <input type="checkbox"/> Hirer If contractor, name of employer:		
Summary of Incident		
Briefly describe what happened at the time of the incident / near miss. Add photos/ sketches where relevant.		
Causes / contributing factors		
What are the causes / contributing factors? <ul style="list-style-type: none"> Design of equipment / workplace (e.g. defective or unstable equipment, workplace layout) Environment (e.g. lighting, ventilation, noise, temperature) Human (e.g. fatigue, lack of understanding) Work methods and systems (e.g. training, unclear work procedures, flow of information) 		
Control Strategy to prevent a recurrence		
Controls immediately implemented Date implemented: / /		
Other observations / comments		
Does this risk exist at any other of your Church's locations? If so, identify which locations and confirm implementation at each.		
Investigation recommendations		
Recommendations	Responsible person(s)	Due Date

Maintain a copy on Church files and update the Incident Register.