

Accident/Incident Report Form

This form is filled in and sent to nationaloffice@bahai.org.nz when an accident or incident occurs.

A. Details of injured/affected person	
Name	
Please Tick: <input type="checkbox"/> Employee/Volunteer <input type="checkbox"/> Third Party (i.e. person attending Bahá'í venue/event)	
Address	Contact No.
B. Details of accident/incident	
Date	Time
Location	
Describe the cause of the accident or incident and how it occurred	
Accident/incident resulted in (tick all that apply) <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Death <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Other _____	
Describe the effect (e.g., laceration right upper arm, distressed children) If property damage occurred, explain the extent of the damage	

What action was taken after the accident/incident? (include name and contact number of the 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