



Seventh-day
Adventist Church™

Accident / Incident Reporting Form



2020

New Zealand SDA Conferences - Accident Reporting Form

Particulars of Accident			
Date of Accident		Time	
Location		Date Reported	

Details of Injured Person							
Church / Group							
Name			Address				
Phone Number			M / F				
			Age				
Facility / activity							
Member	Tick ✓		Employee	Tick ✓			
Visitor	Tick ✓		Contractor	Tick ✓			
Type of Injury	Amputation		Bruising		Burn/Scald		
	Chemical Reaction		Dislocation		Foreign Body		
	Fracture		Laceration / Cut		Internal		
	Scratch / Abrasion		Strain / Sprain		Eye Injury		
	Crush		Insect bite / sting		Other		
Injured Part of Body							

Accident and Treatment			
Description – Describe what happened (include diagrams –essential for all vehicle accidents)			
Type of Treatment Given			
Name of First Aider			Name of Doctor/Hospital
WorkSafe NZ Advised	Yes / No		Date

Accident Reporter's Name:	
Reporter's Signature:	
Reporter's Position:	
Date:	

This Form to be forwarded to the Appropriate Conference General Secretary ASAP