

**APPENDIX D: ACCIDENT/INCIDENT REPORT FORM**

This form is filled in and sent to [nationaloffice@bahai.org.nz](mailto:nationaloffice@bahai.org.nz) when an accident or incident occurs.

A. DETAILS OF INJURED			
Name			
Please Tick	<input type="checkbox"/> Employee/Volunteer <input type="checkbox"/> 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 or incident and how it occurred			
Accident 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			
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	