



FORMS

A number of templates of Forms and Documents for reference and use within the Presbytery/Charge/Committee are on the following pages.

It is recommended that copies of these should be readily available to members of the congregation, and members of Church organisations in particular, should they need to be referred to or used for administration of the safety programme.

The Committee of Management is required to keep a record of completed forms for follow-up and if necessary future reference if required.

Forms available on the following pages are:

- Safety Induction Record
- Maintenance Report
- Incident and Injury Report
- Record of First Aid
- Hazard Report Form
- Job Safe Analysis (JSA) Template
- Contractor Register
- Contractor Entry Log
- Church Safety Audit Checklist



MAINTENANCE REPORT

DEFINITION: "Maintenance" is defined as any need which will ensure the high standard of safety relating to Church facilities. This includes building or equipment maintenance and damage, repair and/or replacement.

OBJECTIVE: To ensure that all matters requiring maintenance are recorded for follow-up.

PROCEDURE: A member of the congregation observing a maintenance need should complete the following details and submit the completed form promptly to the Site Manager or a member of the Committee of Management.

HAZARD: If the problem is thought to be unsafe or to create a hazard to people or property, immediate control action should be taken and the Hazard Report Form should be completed.

DATE	
SPECIFIC LOCATION OF PROBLEM	
DESCRIPTION OF PROBLEM	
SUGGESTED REMEDY	
NAME AND SIGNATURE OF MEMBER	_____
FORM SUBMITTED TO	
RECORD OF ACTION TAKEN	
COMMITTEE NAME AND SIGNATURE	_____
DATE	



INCIDENT AND INJURY REPORT (2 pages)

A Church member should promptly fill out the following form to record all situations of injury, damage, emergency or incident of concern which arises or occurs. This applies particularly to an incident that might lead to a claim against the church for any reason – e.g. accident, injury or property damage. If necessary, or in doubt, contact a member of the Committee of Management immediately.

HAZARD: To record a hazard or situation which might cause injury or damage, please also complete the Hazard Report Form.

FIRST-AID: It is also advisable to complete the Record of First Aid Form if this was given.

In the event of such an incident, **DO NOT ADMIT LIABILITY**

Date _____ Time _____

Location: _____

Type of Activity or other use: _____

Name of person/s eye-witnesses involved in the incident _____

Address, Phone: _____

If a car accident, car registration of other vehicle: _____

If a personal injury, name/s of the person/s injured: _____

Part of body injured and nature of injury: _____

What immediate first aid/treatment was _____

Were the following agencies advised/involved? :

Police Ambulance Fire Service Other _____

INCIDENT: Please record the essential facts, without comment or opinion, eg - 1. Nature of the incident; 2. How it happened; 3. People involved; 4. Description of any injuries; 5. Equipment involved; 6. Property or equipment damage; 7. Immediate actions taken; 8. Other relevant details [eg weather conditions].

Continue on other side →



Continued _____

Use additional pages if necessary

Report compiled by:

Name: _____ Signed: _____ Date: _____ 20____

Phone Number: _____ Contact Address: _____

FOR COMMITTEE OF MANAGEMENT USE

Form received by _____ Date: _____ 20 ____

Immediate Action Taken:

Follow-Up Action Taken:

The matter was reported to the following agencies :

Session Date _____

Church Office (Brisbane) Date _____

Church Insurer (through Church Office) Date _____

Other _____ Date _____

Other _____ Date _____

PLEASE HAND THE COMPLETED FORM URGENTLY TO THE SITE MANAGER OF A MEMBER OF THE COMMITTEE OF MANAGEMENT



RECORD OF FIRST AID

It is Church policy **not** to render first aid where it is more appropriate for a paramedic to provide treatment, or if medication may be involved. In these cases, an Ambulance should be called or the person referred to a doctor or hospital.

If an item from the Church first-aid kit is sought, it should be offered but if possible not applied or administered by a member.

If the injury arose from an incident or injury within the bounds of or the responsibility of the church, the member will also be required to complete an **INCIDENT AND INJURY REPORT FORM**

DATE AND TIME WHEN FIRST AID SOUGHT	
LOCATION	
NAME OF ASSISTING PERSON/S	
NAME OF PERSON/S SEEKING FIRST AID	
ADDRESS AND PH NO. OF PERSON/S SEEKING AID	
DEFINE THE NATURE ILLNESS/INJURY, AND HOW THEY SAY IT OCCURRED	Is the injury considered to be <input type="checkbox"/> Minor <input type="checkbox"/> Significant <input type="checkbox"/> Serious
DEFINE WHAT FIRST AID/ASSISTANCE WAS GIVEN	
(If the person is under 18) NAME OF FAMILY MEMBER NOTIFIED	TIME NOTIFIED:
DEFINE REFERRALS FOR FURTHER TREATMENT	<input type="checkbox"/> Tick <input checked="" type="checkbox"/> if 000 Emergency or other helpline was called TIME NOTIFIED:
WHICH FIRST-AID SUPPLIES USED FROM KIT?	
WAS AN INCIDENT/INJURY REPORT FORM COMPLETED?	<input checked="" type="checkbox"/> Tick one option <input type="checkbox"/> Yes <input type="checkbox"/> No. State reason:

Signature _____

Date: _____

➔ PLEASE HAND THE COMPLETED FORM URGENTLY TO THE SITE MANAGER OF A COMMITTEE MEMBER



HAZARD REPORT FORM (3 pages)

All church members have a responsibility to draw attention to a hazard or potential hazard where a danger to health or safety, a “near miss”, an unsafe action or an unsafe situation occurs or is observed. This applies particularly to an incident that might lead to an injury, accident or property damage. If necessary, or in doubt, contact a member of the Committee of Management immediately. A church member should promptly fill out the following form to formally record all such situations.

REFER TO THE HAZARD & RISK MANAGEMENT PROCEDURE

The main priority is action to immediately control the hazard, to be noted in PART 2.

PART 1 – LOCATION OF THE HAZARD

Date _____ Time _____

Location: _____

Describe the hazard or unsafe situation * : _____

* If recording a hazard or situation which might cause injury, accident or damage, please 1. Define the concern; 2. The property/equipment/activity involved; 3. Any injury occurring; 4. Any damage noted; 5. Other relevant details.

PART 2 – IMMEDIATE ACTION AND NOTIFICATION

Immediate action/s taken * : _____

* Please record for example 1. Action to de-activate equipment; 2. Any alert to people in the area; 3. Any signage erected or put in place; 4. Other action or relevant details.

Continued →

PLEASE HAND THIS COMPLETED FORM URGENTLY TO A MEMBER OF THE COMMITTEE OF MANAGEMENT



PART 3 – REPORTING AND FOLLOW-UP

Note: If any personal injury or property damage has occurred, this must be reported fully, using the Injury and Incident Report Form

Use additional pages if necessary

Brief details of any injury: _____

Brief details of any equipment involved: _____

Details of any vehicle involved: _____

The names and contacts of any people involved: _____

Who in management was the hazard reported to?: _____

Date: _____ Time: _____

Who else was the hazard reported to?: _____

Date: _____ Time: _____

What action do you suggest to permanently correct the hazard: _____

Report compiled and submitted by:

Name: _____ Signed: _____ Date: _____ 20____



PART 4 – HAZARD ADMINISTRATION

TO BE COMPLETED BY A COMMITTEE OF MANAGEMENT REPRESENTATIVE

Form received by _____ Date: _____ 200__

Follow-Up Action Taken:

Permanent corrective Action Taken:

The matter was reported to the following agencies :

- | | |
|---|------------|
| <input type="checkbox"/> Session | Date _____ |
| <input type="checkbox"/> Church Office | Date _____ |
| <input type="checkbox"/> Church Insurer (through Church Office) | Date _____ |
| <input type="checkbox"/> Other _____ | Date _____ |
| <input type="checkbox"/> Other _____ | Date _____ |

The outcome was communicated to the following church members:

Date completed and signed-off: _____



JOB SAFETY ANALYSIS (JSA)

CHURCH JSA REGISTER

This Job Safety Analysis [JSA] document is designed as a Risk Management reference to assist church members understand and assess risks associated with specific tasks and work carried out on church property.

Each completed entry is entered alphabetically into the church's JSA Register as a reference manual to facilitate awareness and consultation prior to the task being carried out. Church members are encouraged to add topics.

ALPHABETICAL LISTING	BRIEF TITLE OF TASK
A	

WHICH TYPE OF RISK MANAGEMENT DOES THIS ANALYSIS COVER? Tick one or more ✓

Machinery and Equipment	People - General	People - Actions	People - Health
Vehicle	Manual Handling and Lifting	Electrical	Working at Heights
Hazardous Chemicals	Working outdoors	Building Work	Emergency
Other [<i>Specify</i>]	Other [<i>Specify</i>]		
A. A GENERAL DESCRIPTION OF THE STEPS OF THE TASK	1. 2. 3.		
B. WHERE IS THIS TASK CARRIED OUT?			
C. WHAT ARE THE POTENTIAL HAZARDS AND RISKS OF THIS TASK?	1. 2. 3. 4.		
D. DEFINE THE STEPS WHICH WILL CONTROL THE POTENTIAL HAZARDS AND REDUCE RISKS	1. 2. 3. 4.		
E. COMMENTS AND REFERENCES	Form:		
Assessment carried out by			
Assessment reviewed by			
Date prepared/revised			



CONTRACTOR REGISTER

➔ This form is to be completed before a contractor commences any work on church property.

OBJECTIVES:

To coordinate the procedure for contractors to carry out on-site work for the church. To record the relevant contractor licenses, permits, certificates or trade qualifications.

To confirm that each contractor and their employees have undertaken safety briefing and induction.

NAME OF CONTRACTOR _____

Please tick if self-employed

NAME OF MANAGER/OWNER _____

ADDRESS OF CONTRACTOR _____

OFFICE PHONE NUMBER _____

MOBILE PHONE NUMBER _____

LICENCES - Please record current relevant licences, permits, certificates and trade qualifications, or comments.
Attached photocopies are acceptable:

DETAILS	NUMBER

CONDITIONS

I accept the following conditions for performing contract work at the church defined above:

I accept that work will be carried out in accordance with all workplace health and safety requirements, including specific church conditions as noted in the summary "Church Safety Procedures".

I confirm that all contract employees working on the church site have completed the relevant safety induction and training, and hold the required trade qualifications and/or experience for the work to be carried out.

I accept that all contract employees are required to personally sign in and out of the site at the times of arrival and departure, using the "Contractor Entry Log" form.

I will inform the Church Committee of Management of any changes to the above information.

Signature _____ Date: _____

This form will be kept on record for the duration of the contractor's work at this Church.



CONTRACTOR ENTRY LOG ★

LOCATION OF WORK: _____

DATE OF ENTRY	EMPLOYEE NAME	NAME OF CONTRACTOR	VEHICLE REGISTRATION	WORK TO BE CARRIED OUT	TIME IN	TIME OUT

★ Entry is subject to the completion and submission of the Church Contractor Register Form



CHURCH SAFETY AUDIT CHECKLIST

For completion at least annually by the Committee of Management

Indicate that follow-up is needed using the Maintenance Report.

LOCATION BEING AUDITED: _____

DATE/S OF AUDIT: _____

NAMES OF AUDITORS: _____

This checklist provides a general guideline for auditing risk management and is for informational purposes only. It does not cover all potential risks. The items listed in this checklist are those that generally appear to cause the most damage and result in the more frequent and severe claims. It is not an exhaustive list, and churches are encouraged to add items relevant to them.

ADMINISTRATION

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	The WHS Manual available to all		
2.	Committee Agendas include Safety topics.		
3.	Records of Reports and Forms are current		
4.	Any outstanding matters for follow-up		
5.	Ready availability of Forms and Templates		
6.	Church insurance policies are current.		
7.	Levels of insurances are reviewed annually		
8.	Other		

FIRE

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Fire hoses in good condition		
2.	There are enough fire extinguishers		
3.	Extinguishers in place and service is current		
4.	Access to all extinguishers is clear		
5.	Fire exit signs in place and working		
6.	Date of last fire evacuation training		
7.	Sprinkler system maintenance is current		
8.	Fire alarm system testing is current		
9.	Other		



EMERGENCY EVACUATION

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Emergency Plan is displayed		
2.	Assembly Area is clearly identified		
3.	Exits are not blocked		
4.	All doors and windows open freely		
5.	Hinged doors open outward		
6.	Emergency lighting is operational		
7.	Immediate access to phones at all times		
8.	Smoke detectors active in all buildings		
9.	Other		

FIRST-AID

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	First-aid kit is easy to find, and is signed		
2.	Contents are complete and current		
3.	Other		

ELECTRICAL

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	No broken plugs, sockets or switches		
2.	No frayed or damaged leads		
3.	No untaped temporary leads across floor		
4.	Temporary power boards set up correctly		
5.	Power points fitted with child protection		
6.	Portable power items in good condition		
7.	Fixed electrical items in good condition		
8.	Earth Leakage Protection operative		
9.	RCDs ♦ in use on equipment (if necessary)		
10.	Electrical tags current on all equipment		
11.	Light fittings in good condition		
12.	Air conditioning units well maintained		
13.	Lifts in good condition and service current		
14.	Does the electrical system need upgrading		
15.	Other		

♦ Residual Current Devices

WALKWAYS

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	No slip hazards		
2.	No trip hazards		
3.	Walkways are clear of obstructions		
4.	Stairways are not blocked		
5.	Handrail installed if more than 4 stairs		
6.	Ramp is in good condition/accessible		
7.	Portable ramp is easily accessible		
8.	Sudden differences in floor height marked		
9.	Carpets not loose, fraying or threadbare		
10.	Other		



STORAGE

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Racks, shelves are secure; in good condition		
2.	Materials are stored safely		
3.	Access ways are not obstructed		
4.	Obsolete material is discarded		
5.	How are excessive weights lifted		
6.	Maintenance equipment is in good order		
7.	Grounds equipment is in good order		
8.	Other		

CHEMICALS

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Chemicals are stored safely		
2.	All items clearly and accurately labelled		
3.	Storage signage is appropriate		
4.	Specific instructions are displayed		
5.	Chemicals such as fuels, poisons are locked		
6.	Cleaning rags stored in metal containers		
7.	Gas cylinders current and in good order		
8.	Relevant first-aid instructions are displayed		
9.	Spillage handling instructions are displayed		
10.	Other		

KITCHEN

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Floors are clean		
2.	Benches are clean and in good condition		
3.	Refrigeration is well maintained		
4.	Dated items are cleared from fridges		
5.	Cooking equipment and vents maintained		
6.	Sharp items (eg knives) are safely stored		
7.	Rubbish bins are suitable and emptied		
8.	Hot water facilities (eg urns) are safe		
9.	Mops and buckets are available for spills		
10.	Warning signs or cones for wet areas		
11.	Other		

OFFICES AND ROOMS

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	No exposed electrical leads		
2.	Air conditioning is well maintained		
3.	Filing cabinets are stable and in good order		
4.	Office machinery is maintained		
5.	Office furniture is maintained		
6.	Chairs are in good repair		
7.	Other		



HEALTH IN GENERAL

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	"No smoking" signs are displayed		
2.	Availability of Personal Protective Equipment (PPE) is displayed		
3.	Safety noticeboard is prominent and current		
4.	Ushers and greeters trained on how to handle violent/threatening situations		
5.	Food serving rules are displayed/available		
6.	Sun protection cream is available		
7.	Signs or mats provided when floors are wet		
8.	Cooling fan blades are clean and safe		
9.	Drink fountains are clean		
10.	Full-length glass doors properly marked		
11.	All areas free from rodents and vermin		
12.	Pest control treatment is current		
13.	Insect screening is in good order		
14.	Toilet and shower facilities in good order		
15.	Adequate supplies in toilets and showers		
16.	"Out of Order – Do Not Use" signs on hand		
17.	Action required regarding asbestos status		
18.	Other		

SECURITY

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	All doors and windows in good condition		
2.	Door and window locks in good order		
3.	External night lighting is adequate		
4.	Emergency lighting works		
5.	Procedures in place for building lock-up		
6.	Working torches accessible in each building		
7.	Other		



EXTERNAL

	ITEM	COMMENTS	<input checked="" type="checkbox"/>
1.	Car park markings are clear		
2.	Signage is appropriate		
3.	Speed limit is signed		
4.	Is there adequate night lighting		
5.	Trees do not pose a risk		
6.	No loose material lying about		
7.	No uneven surfaces with cracks or holes		
8.	No unsafe plants are used in gardens		
9.	Rubbish bins are at suitable locations		
10.	Bins are sealed and well maintained		
11.	Weather damage or mould is evident		
12.	Evidence of building structural problems		
13.	Evidence of roof deterioration or damage		
14.	Problems from adjoining properties		
15.	Speed bumps and signs in good condition		
16.	Playground equipment is well maintained. (These may need special inspection)		
17.	Other		
18.	Other		


ADDITIONAL COMMENTS AND RECOMMENDATIONS

Signatures of Auditing Team



SAMPLE DOCUMENT COVER TEMPLATES


➔ EXPAND EACH TO SUIT AN A4 COVER PAGE FORMAT

	<p>Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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SAFETY INDUCTION RECORD

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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MAINTENANCE REPORT

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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INCIDENT AND INJURY REPORT

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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RECORD OF FIRST AID

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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HAZARD REPORT FORM

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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JOB SAFE ANALYSIS (JSA) TEMPLATE

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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CONTRACTOR REGISTER

Date commenced:




	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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CONTRACTOR ENTRY LOG

Date commenced:



	<p style="text-align: center;">Presbyterian Church of Queensland</p> <p>CHARGE:</p> <p>CONGREGATION:</p>
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CHURCH SAFETY AUDIT CHECKLIST

Date commenced: