

No. _____



Newtown Neighbourhood Centre Incorporated

Town Hall, 1 Bedford St, Newtown. PO Box 19, Newtown 2042
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Email coord@newtowncentre.org
ABN: 96 884 462 833

NNC Hazard/Incident or Accident Form

Staff Name/Student/Volunteer: _____

Where did the incident occur: _____

Date of Incident: _____ Time of Incident: _____

Other people present: _____

Please describe the event:

What have you done to rectify the hazard:

a) _____

OR

Reported to Project Coordinator/Festival Coordinator/Volunteer Coordinator/Executive Officer

b) Name: _____ Date _____

Action taken by Project Coordinator/Executive Officer:

Filed in Hazard/Incident Folder Date: _____

Taken to Safety Meeting Date: _____

Comments by Staff

Completed and Signed Off by Executive Officer/Centre Administrator: _____

Date: _____

Presented at Board Meeting: Date _____

Comments from Board

Review Date: _____ Signed: _____

Review Comments
