

Vault	Reference	Number

## **Incident and Accident Reporting Form**

Report to be completed as soon as possible after the incident. (Line Manager or Academic Leader to complete if the injured person is unable to do so and check the accuracy of information)

Report to HoD and HSW Service. File one copy in local files and send copy to the HSW Service.

An 'incident' is any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss, and may also be termed a "near-miss", "close call" or "dangerous occurrence". An 'accident' is where actual harm or damage occurs to a person(s).

## Did the incident result in serious injury / ill-health or was only narrowly avoided?

Health, Safety and Welli	J		or Email: He	W C ddckidrid.c	10.112	MODIIC. C	27 001 2	.042	
Section 1. R What Faculty or	•		this involve	.2					
_	Service Div	vision does	tilis ilivolve	· ·					
Faculty / Service Div.									
Department									
Who is reporting	t <u>he acciden</u>	t/incident?		1					
Name				Staff/Studen (if applicable					
Contact Details	Phone:			Email:					
Where and when	did it hanne	n?							
Building (or location)	Пантирр	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Dat	е			
Level (Floor) and room					Tim	е			
How was or could  ☐ Being hit by objects ☐ Biological factors ☐ Body stressing		☐ Heat, rad☐ Hitting o	diation or energ bjects with part	y of the body	□ s	ip, trip or ehicle acc OS or RS	idents		
☐ Being hit by objects ☐ Biological factors ☐ Body stressing ☐ Chemicals/substance	es cident/incid	☐ Heat, rad ☐ Hitting o ☐ Psychoso ☐ Sound of  ent  arate sheet or sh	diation or energy bjects with partocial (inc. mento r pressure	y of the body al health) tness statemen	S V O S nts, dia	ehicle acc OS or RS omething	cidents I else: and photos	5.)	
Being hit by objects Biological factors Body stressing Chemicals/substance  Description of acc (If not enough room, place E.G.: I was putting available of the strength of the	es cident/incid ease attach sepa way some files w	Heat, rad Hitting o Psychoso Sound of	diation or energy bjects with part point (inc. mentar pressure neets. Attach Wined shut and ca	y of the body al health) tness statemen	S V O S nts, dia	ehicle acc OS or RS omething	cidents I else: and photos	5.)	
Being hit by objects Biological factors Body stressing Chemicals/substance  Description of acce (If not enough room, ple E.G.: I was putting average and the stress of the	es cident/incid ease attach sepa way some files w	Heat, rad Hitting o Psychoso Sound of	diation or energy bjects with part part point (inc. mentar pressure pressure pressure preds. Attach Wined shut and care	y of the body al health) tness statemen	S V O S nts, dia	ehicle acc OS or RS omething	cidents I else: and photos	5.)	
Being hit by objects Biological factors Body stressing Chemicals/substance  Description of acce (If not enough room, place E.G.: I was putting available of the strength of th	es cident/incid ease attach sepa way some files w	Heat, rad Hitting o Psychoso Sound of  ent arate sheet or sh when door slamn  /incident?	diation or energy bjects with part point (inc. mentar pressure neets. Attach Wined shut and ca	y of the body al health) tness statemen	S V O S nts, dia	ehicle acc OS or RS omething	cidents I else: and photos	s.)	

**No.** Proceed to section 3 to see if there are any 'opportunities to learn'.

Section 2.	Harm (if ap	plicable)				
Injured person		•				
Name				Date of Birth		
Contact Details	Phone:			Email:		
Residential						
address						
Pole or ich title	of injured pers	on:				
Role of Job title	or injured pers	011.				
☐ Staff	☐ Student	Other	Staff/Stuc	ent ID No.		
Gender:	Signature:		I		Date:	
Davied of annula		- d (	if annlia	shi a S		
Period of emplo ☐ 1st week		ea person: ( 1-6 months		nths - 1 year	☐ 1-5 years	Over 5 years
Time at work p	rior to injury: (i	f applicable				
Started work at	am / pm	7 -		am / pm	Hours on shi	ft hours
T	E	_				
Treatment of in	<b>Jury:</b> ☐ First-aid	☐ Doctor/Em	ergency Dep	t. (not hospitalise	d) 🗌 Hosp	italised (admitted)
Where were the	ev treated?					
Location	y outou.			Doctor (if know	vn))	
☐ Human factors (ubehaviours) ☐ Chemical or cher ☐ Machinery or (machinery or machinery or mach	nical products ainly) fixed plant	☐ Animal, hu (biological ago ☐ Environme ☐ Material or ☐ Non-power	ency) ntal (e.g. he substance		☐ Other biologica Bacterial or viral) ☐ Exposure (e.g. ☐ Mobile plant or ☐ Other	dust, gas, noise, etc.) transport
Nature of injury  Abrasion/scratche  Amputation	es	ecify all):	] ]	ody part:  Head Arms/hands Systemic (inter	☐ Legs/feet	☐ Trunk ☐ Multiple locations
☐ Bruising/crushing ☐ Burn/scald ☐ Concussion ☐ Dislocation ☐ Puncture wound ☐ Reaction	☐ Internal injury☐ Laceration/cu☐ Sprain or stra	t in n/poisoning/toxi	S	ide of Body:	Right	☐ Not Applicable
☐ Disease ☐ Mental Health ☐ Other		ess/OOS or RSI		Other (specify)		
Description of I						
(As much detail as po	ddle finger on left han	d				
<u> </u>						
· ·	HSW Service Injury	•	•		Upsuro □ Not	applicable
-	s as a work related I, declare that the c					applicable nd fully to the best
	and belief, and I ur					
Signature of Inju	ırv Claims Manager				Date:	

## Section 3. Investigation

To be carried out by local line manager for accidents/incidents that are not notifiable. Note: The Health and Safety Representative can assist where necessary and it is good practice to do so.

For **Notifiable Events**, a formal investigation must be carried out in accordance with Worksafe NZ's instructions by the HSW Service.

Analysis of what happened					
What were the root causes of the	accident/incident?	Conside	er the followin	ng factors:	
People:					
Equipment:					
Environment:					
Procedures:					
Organisation:					
What can be done to prever	nt it happening a	ngain?			
Times can be denoted proved					
What needs to be done now	<b>/?</b>			Who should do it?	By when?
Incident/Accident investigated by: Date:			Signature:		
Head of Dept. / Line Manager	Departmen	nt	Date:	Signature:	