THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

Vault Reference Number

Accident, Incident, and Hazard Reporting Form

Report to be completed as soon as possible. (Line Manager or Academic Leader to complete if an 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.

Any health and safety issues or concerns should be reported using this form

Has there been an incident resulting in, or only narrowly avoiding serious harm?

☐ Yes* ☐ No ****If yes, **preserve the scene** and notify the Health, Safety and Wellbeing (HSW) Service **immediately** to determine whether a formal investigation is required.* **For emergency assistance dial 966** (internal) or **0800 373 7550**

Health, Safety and Wellbeing Service: Phone: 09 923 4109 E-mail: HSW@auckland.ac.nz Mobile: 027 209 2763

Section 1. Reporting

1. What Faculty or Service Division does this involve?

Faculty / Service Div.	
Department	

2. Who is reporting the accident/incident/hazard?

Name		Staff/Student ID (if applicable)	
Contact Details	Phone:	Email:	

3. Details of anyone injured (if applicable and different from above)

Name		Staff/Student ID (if applicable)	
Contact Details	Phone:	Email:	

4. Where and when did it happen/arise?

Building (or location)		Date	
Level (Floor) and room		Time	

5. How was or could have injury, ill-health or damage been caused?

☐ Being hit by objects or things
☐ Biological factors
☐ Body stressing
☐ Chemicals/substances
☐ Heat, radiation or energy
☐ Hitting objects with part of the body
☐ Psychosocial (inc. mental health)
☐ Sound or pressure
☐ Slip, trip or fall
☐ Vehicle accidents
☐ OOS or RSI
☐ Something else: ____________

6. Description of accident/incident/hazard

(If not enough room, please attach separate sheet or sheets. Attach Witness statements, diagrams and photos.)

E.G.: I was putting away some files when door slammed shut and caught my finger in filing cabinet door.

7. What action have you or others taken to make the area safe and/or preserve the scene?

(If not enough room, please attach separate sheet or sheets.)

E.G.: I locked the cabinet and labelled it "do not use".

8. Who witnessed the accident/incident?

Name		Name	
Contact		Contact	

9. Signature of reporting person:

	Date:

Ensure the Head of Department/Line Manager has been informed

10. Was anybody injured or made ill (harmed)?

☐ **Yes.** Proceed to section 2. (If it is serious, inform the HSW Service without delay)
☐ **No.** Proceed to section 3 to see if there are any 'opportunities to learn'.

Section 2. Harm (if applicable)

11. Injured person

Name		Date of Birth	
Contact Details	Phone:	Email:	
Residential address			

12. Role or job title of injured person:

Job Title:		Faculty:
☐ Staff ☐ Student ☐ Other		Staff/Student ID No.
Gender:	Signature:	Date:

13. Period of employment of injured person: (if applicable)

☐ 1st week ☐ 1st month ☐ 1-6 months ☐ 6 months - 1 year ☐ 1-5 years ☐ Over 5 years

14. Time at work prior to injury: (if applicable)

Started work at am / pm Incident occurred at am / pm Hours on shift hours

15. Treatment of injury:

☐ Nil ☐ First-aid ☐ Doctor/Emergency Dept. (not hospitalised) ☐ **Hospitalised (admitted)**

16. Where were they treated?

Location Doctor (if known))

17. What caused the injury? (Agency of harm)

☐ Human factors (unsafe acts or behaviours)
☐ Chemical or chemical products
☐ Machinery or (mainly) fixed plant
☐ Powered equipment, tools or appliances
☐ Animal, human or plant/vegetation (biological agency)
☐ Environmental (e.g. heat, cold)
☐ Material or substance
☐ Non-powered hand tool or equipment
☐ Other biological factors (e.g. Bacterial or viral)
☐ Exposure (e.g. dust, gas, noise, etc.)
☐ Mobile plant or transport
☐ Other______________________

18. Nature of injury or damage (Specify all):

☐ Abrasion/scratches
☐ Amputation
☐ Bruising/crushing
☐ Burn/scald
☐ Concussion
☐ Dislocation
☐ Puncture wound
☐ Reaction
☐ Disease
☐ Mental Health
☐ Other______________________
☐ Eye injury
☐ Foreign body
☐ Fracture
☐ Internal injury
☐ Laceration/cut
☐ Sprain or strain
☐ Contamination/poisoning/toxic
☐ Occupational Hearing Loss
☐ Gradual process/OOS or RSI
☐ Fatal

Body part:

☐ Head ☐ Neck ☐ Trunk
☐ Arms/hands ☐ Legs/feet ☐ Multiple locations
☐ Systemic (internal organs)

Side of Body:

☐ Left ☐ Right ☐ Not Applicable

☐ Other (specify)

19. Description of Injury

(As much detail as possible)

E.G. : Crushed middle finger on left hand

Office use only – HSW Service Injury Claims Manager to complete

Do you accept this as a work related injury? ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

I, the undersigned, declare that the details above have been completed accurately, truthfully and fully to the best of my knowledge and belief, and I understand that providing a false or misleading statement is an offence.

Signature of Injury Claims Manager: Date:

Section 3. Investigation

To be carried out by local line manager for accidents/incidents that are not notifiable, and reported hazards. Note: you may involve your Health and Safety Representative and/or HSW Coordinator.

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

Analysis of what happened
What were the root causes of the accident/incident? Consider the following factors:
People:
Equipment:
Environment:
Procedures:
Organisation:

What can be done to prevent it happening again?

What needs to be done now?		**Who should do it?**	**By when?**
Incident/Accident investigated by:	**Date:**	**Signature:**	

Head of Dept. / Line Manager	***Department***	**Date:**	**Signature:**