



ACCIDENT / INCIDENT REPORT

Company name: _____

Part A : (Employee to complete)		
Information about the person who had the incident:		
Full name: _____ Employee / Client / Visitor / Contractor <i>(please circle one)</i>		
Job title (if an employee): _____		
Contact telephone: Work: _____ Mobile: _____		
Home: _____		
Contact email: _____		
What type of incident was it? <i>(please circle one)</i>		
Near hit Accident Property damage Property loss (specify): _____		
What is the incident's severity rating? <i>(please circle)</i> <i>(see severity scale at the end of this form)</i>		
Minor Moderate Serious		
When did the incident occur?		
Date: _____ Time: _____		
Where did the incident occur?		
Location: _____		
What happened?		
Description: <i>(include details of any object, machine or substance involved, or property lost or damaged)</i>		

Was a known significant hazard involved? <i>(please circle one)</i> YES NO		
If YES – what was the significant hazard? _____		

Names of any witnesses: <i>(include witness contact information for serious harm incidents)</i>		

What injury or injuries were sustained? <i>(write N/A if not applicable)</i> _____ Body part injured: <i>(please indicate which side of the body eg. right or left)</i> _____ Type of injury: <i>(eg. break or sprain)</i> _____ Is this a NOTIFIABLE incident, illness or injury? YES / NO <i>(please circle)</i> If YES, WorkSafe NZ must be notified immediately	What treatment was given? <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> First aid <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage therapy <input type="checkbox"/> Doctor (GP) <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency services <input type="checkbox"/> Other </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Describe the treatment: _____ _____ _____ _____ _____ _____ _____ </div> </div>	
Declaration: The above report provides a true, accurate and complete account of the accident / incident / near hit. <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Employee name <i>(please print)</i> Signature Date </div>		

Part B: (Responsible Person or Manager to complete with Employee)				
What (in your opinion) were the causal factors of this incident? 		Hazard identification: New hazard identified: YES NO Significant: YES NO If YES identify the hazard management process to be done eg. update hazard register and put in recommended actions below		
Recommended actions		Person responsible for this	By when	Date completed
Has the hazard management process been undertaken? YES NO <i>(please circle)</i>	What has been done?			
Is a review of the safety management system required? YES NO <i>(please circle)</i>	Which part?			
Other recommended actions <i>(Specific actions to prevent recurrence)</i>		Person responsible for this	By when	Date completed
Communications		Person responsible for this	By when	Date completed
All relevant staff members have received information regarding the incident, changes of operation / procedures.				
Has the Client been advised? YES NO If a Notifiable event has occurred, have WorkSafe reporting procedures been followed? <i>(please circle)</i> YES NO Have internal reporting systems been followed? eg. Manager, Health & Safety Committee, Owner <i>(please circle)</i> YES NO		Overall comments (once investigation complete): eg. Health and Safety committee review actions, recommendations		
<div> <div>_____</div> <div>Employee name <i>(please print)</i></div> </div> <div> <div>_____</div> <div>Signature</div> </div> <div> <div>_____</div> <div>Date</div> </div>				

Category	Example	Action
MINOR	Examples: Scratches, small shallow cuts, bee stings, slight bruise	Report – not investigated Entry in First Aid treatment book
MODERATE	Cuts, sprains and strains, small burns	Report and investigate
SERIOUS	Injured person needs off-site medical treatment (A&E Clinic) or is likely to be admitted to hospital. Suspected bone fractures, temporary loss of consciousness (not illness), serious bleeding, electrocution	Report and investigate