**Incident Report**

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| **Part A : (Employee to complete)** |
| **Information about the person who had the incident:****Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee / Client / Visitor / Contractor*(please circle one)* **Job Title** *(if an employee)***:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Telephone:** Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of incident was it? *(please circle one)* Near Miss Accident Property Damage Property Loss  |
| What is the incident’s severity rating? *(see severity scale at the end of this form)* |
| When did the incident happen?**Date: Time:** |
| Where did the incident happen?Location: |
| What happened?**Description:** *(include details of any object, machine or substance involved, or property lost or damaged - continue over if required)***Was a known significant hazard involved?** *(please circle one)* YES NOIf **YES** – what was the significant hazard? |
| Names of any witnesses: *(include witness contact information for serious harm incidents)* |
| What injury or injuries were sustained? *(write N/A if not applicable)***Body Part Injured:** *(please indicate which side of the body e.g. right or left)***Type of Injury:** *(e.g. break or sprain)***Is this a serious harm injury?** E.g**.** Grade 6 or above on severity scale *(please circle one)* YES NOIf **YES**, WorkSafe NZ or MNZ (as relevant) must be notified immediately  | What treatment was given? |
| First AidPhysiotherapyMassage therapyDoctor (GP)HospitalEmergency servicesOther | **Tick** | **Describe treatment:** *(continue over if required)* |
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| **Declaration:** The above report provides a true, accurate and complete account of the accident / incident / near miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Name *(please print )*  Signature Date  |

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| **Part B: (Manager to complete with Employee)** |
| What (in your opinion) were the causal factors of this incident? *(continue over if required)* | **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**(please circle) | What has been done? |  |  |  |
| Is a review of Safety Management System required?**YES NO**(please circle) | Which part? |  |  |  |
| **Other Recommended Actions** |  **Person responsible for this** | **By when** | **Date completed** |
| *Specific actions to prevent recurrence* |  |  |  |
| *Specific actions to prevent recurrence* |  |  |  |
| **Communications** | **Person responsible for this** | **By when** | **Date completed** |
| All relevant staff members have received information regarding the incident, changes of operation / procedures. |  |  |  |

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| If serious harm has occurred, have WSNZ / MNZ/CAA (as relevant) reporting procedures been followed?*(please circle)* **YES NO**Have internal reporting systems been followed? *eg: Manager, Health and Safety Committee, Board**(please circle)* **YES NO**Has the incident been recorded on the National Incident Database? *(please circle)* **YES NO** | **Overall comments** (once investigation complete):eg: *Health and Safety committee review actions, MNZ recommendations* |
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For a link to this severity scale see <http://www.incidentreport.org.nz/resources/Incident_%20Severity_Scale.pdf>

