**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 NO  If **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 NO  If **YES**, WorkSafe NZ or MNZ (as relevant) must be notified immediately | What treatment was given? | | |
| First Aid  Physiotherapy  Massage therapy  Doctor (GP)  Hospital  Emergency services  Other | **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>

