

# Incident Report Form

## Part A :

### 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)

**Declaration:** The above report provides a true, accurate and complete account of the accident / incident / near miss

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.

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

\_\_\_\_\_  
Manager's Name (please print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## Incident Severity Scale

Risk Matrix						
Consequence Level	Likelihood Level					
		1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
	5 - Catastrophic	MEDIUM	MEDIUM	HIGH	HIGH	HIGH
	4 - Critical	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	3 - Major	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	2 - Moderate	LOW	LOW	MEDIUM	MEDIUM	MEDIUM
	1 - Minor	LOW	LOW	LOW	LOW	MEDIUM

RISK LEVEL	DESCRIPTION
HIGH	Considerable potential for fatalities, serious injuries and loss of equipment. Significant rescue response may be required. Likely to be a WorkSafe NZ notifiable event.
MEDIUM	Moderate potential for serious harm injuries requiring hospitalisation. Moderate emergency or rescue response. Could be a WorkSafe NZ notifiable event.
LOW	Minimal potential for injuries

CONSEQUENCE LEVEL	DESCRIPTION
5 - Catastrophic	Catastrophic One or more fatalities
4 - Critical	Serious injury to one or more people, resulting in permanent disability.
3 - Major	Major Injury that requires hospitalisation with no permanent disability.
2 - Moderate	Moderate Injury that requires first aid with no permanent disability.
1 - Minor	Minor No injury or very minor that does not require first aid.

LIKLIHOOD LEVEL	DESCRIPTION
5 - Almost Certain	Almost Certain Expected to occur at least once during the task or activity.
4 - Likely	Could occur during the task or activity.
3 - Possible	It is conceivable that this could happen, but only expected infrequently.
2 - Unlikely	It is conceivable that this could happen, although only in unusual circumstances
1 - Rare	It is not conceivable that this could occur.