

# Incident Report Form

<b>Part A :</b>																				
<b>Information about the person who had the incident:</b>																				
Name: _____ Employee / Client / Visitor / Contractor <i>(please circle one)</i>																				
Job Title <i>(if an employee)</i> : _____																				
Contact Telephone: Work: _____ Mobile: _____ Home: _____																				
<b>What type of incident was it?</b> <i>(please circle one)</i>																				
Near Miss	Accident	Property Damage																		
Property Loss																				
<b>What is the incident's severity rating?</b> <i>(see severity scale at the end of this form)</i>																				
<b>When did the incident happen?</b>																				
Date: _____		Time: _____																		
<b>Where did the incident happen?</b>																				
Location: _____																				
<b>What happened?</b>																				
Description: <i>(include details of any object, machine or substance involved, or property lost or damaged - continue over if required)</i>																				
Was a known significant hazard involved? <i>(please circle one)</i> YES    NO																				
If YES – what was the significant hazard?																				
<b>Names of any witnesses:</b> <i>(include witness contact information for serious harm incidents)</i>																				
_____																				
<b>What injury or injuries were sustained?</b> <i>(write N/A if not applicable)</i>		<b>What treatment was given?</b>																		
<b>Body Part Injured:</b> <i>(please indicate which side of the body e.g. right or left)</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Tick</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>First Aid</td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="7" style="vertical-align: top;"><b>Describe treatment:</b> <i>(continue over if required)</i></td> </tr> <tr> <td>Physiotherapy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Massage therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Doctor (GP)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Emergency services</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Tick		First Aid	<input type="checkbox"/>	<b>Describe treatment:</b> <i>(continue over if required)</i>	Physiotherapy	<input type="checkbox"/>	Massage therapy	<input type="checkbox"/>	Doctor (GP)	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Emergency services	<input type="checkbox"/>	Other	<input type="checkbox"/>
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<b>Type of Injury:</b> <i>(e.g. break or sprain)</i>																				
<b>Is this a serious harm injury?</b> E.g. Grade 6 or above on severity scale <i>(please circle one)</i> YES    NO																				
<b>If YES, WorkSafe NZ or MNZ (as relevant) must be notified immediately</b>																				
<b>Declaration:</b> The above report provides a true, accurate and complete account of the accident / incident / near miss																				
_____																				
Employee Name <i>(please print)</i>	Signature	Date																		

**Part B: (Manager to complete with Employee)**

<p><b>What (in your opinion) were the causal factors of this incident?</b> <i>(continue over if required)</i></p>	<p><b>Hazard Identification:</b></p> <p>New Hazard Identified:   <b>YES</b>        <b>NO</b></p> <p>Significant:                    <b>YES</b>        <b>NO</b></p> <p>If <b>YES</b> identify the hazard management process to be done eg: update hazard register and put in <b>recommended actions</b> below</p>
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Recommended Actions		Person responsible for this	By when	Date completed
Has the Hazard Management Process been undertaken?  <b>YES NO</b> (please circle)	What has been done?			
Is a review of Safety Management System required?  <b>YES NO</b> (please circle)	Which part?			

Other Recommended Actions	Person responsible for this	By when	Date completed
<i>Specific actions to prevent recurrence</i>			
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Communications	Person responsible for this	By when	Date completed
All relevant staff members have received information regarding the incident, changes of operation / procedures.			

<p>If serious harm has occurred, have WSNZ / MNZ/CAA (as relevant) reporting procedures been followed? <i>(please circle)</i>                    <b>YES</b>        <b>NO</b></p> <p>Have internal reporting systems been followed? <i>eg: Manager, Health and Safety Committee, Board</i> <i>(please circle)</i>                    <b>YES</b>        <b>NO</b></p> <p>Has the incident been recorded on the National Incident Database? <i>(please circle)</i>                    <b>YES</b>        <b>NO</b></p>	<p><b>Overall comments</b> (once investigation complete): <i>eg: Health and Safety committee review actions, MNZ recommendations</i></p>
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_____ Manager's Name <i>(please print)</i>	_____ Signature	_____ Date
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## Incident Severity Scale

Risk Matrix						
		Likelihood Level				
		1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
Consequence Level	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
<b>HIGH</b>	Considerable potential for fatalities, serious injuries and loss of equipment. Significant rescue response may be required. Likely to be a WorkSafe NZ notifiable event.
<b>MEDIUM</b>	Moderate potential for serious harm injuries requiring hospitalisation. Moderate emergency or rescue response. Could be a WorkSafe NZ notifiable event.
<b>LOW</b>	Minimal potential for injuries

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

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