



Massey work accident, illness or incident Report Form

Please return to Regional Health and Safety Advisor within 24 hours of Accident / Incident

Serious Harm injuries must be reported to Manager, Health and Safety Advisor and Department of Labour immediately

COMPLETE FOR ALL ACCIDENTS / INCIDENTS

SECTION A – PARTICULARS (INJURED PERSON OR FIRST ON SCENE TO COMPLETE)		
Date of Accident /Incident/onset of symptoms	Time:	Date Reported:
Circle one: Accident / Illness / Incident	Hours worked since arrival at work: Shift: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night	
PERSONAL DETAILS OF PERSON INJURED OR INVOLVED IN INCIDENT OR ILLNESS		
Name:	Gender:	Date of Birth:
Residential Address:	Email address:	
	Work phone:	
	Cell phone:	
	Home phone:	
EMPLOYMENT DETAILS		
Employee or Student ID:	Campus / City:	Dept / Section / Institute / School:
Relationship to University: <input type="checkbox"/> Staff Member <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor / Sub-contractor <input type="checkbox"/> Other:.....		
Staff Members Only to Complete: Employment period: <input type="checkbox"/> 1 st week <input type="checkbox"/> 1 st month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years		
Position / Title:.....		
ACCIDENT / ILLNESS/ INCIDENT DETAILS		
Location of accident: (please be specific – e.g. room number or floor, building, campus, street, city etc)		
.....		
What were you doing at the time of the accident / illness / incident?		
.....		
Describe how the accident / illness / incident occurred?		
.....		
Describe any equipment, substances, products, animal involved?		
.....		
INJURY DETAILS		
What part of the body was affected by the injury or disease? (e.g. lumbar spine, right shoulder, thumb)		
.....		
.....		

COMPLETE FOR ACCIDENTS ONLY

Nature of injury or disease? (Indicate the most serious injury e.g. cut, bruise, sprain, fracture)

Medical treatment of injury:
 Nil First Aid Health Advice (e.g. physiotherapist) Visited a Doctor (not hospitalised)
 Admitted to Hospital Injury claim (e.g. ACC) Expected time off work:.....(days)

Names and addresses of witnesses: (if necessary detail on separate page)

I, the undersigned, agree to the disclosure of this information to the University, and any health or rehabilitation service provider employed to consider it.

Signature: Date:...../...../.....

Name:..... Position:.....

SECTION B: INVESTIGATION - TO BE COMPLETED BY HOD / MANAGER (OR EQUIVALENT)

Reporting

- Is this accident Serious Harm? Y N (Definition at <http://hrs.massey.ac.nz/massey/about-us/administrative-unit/health-and-safety/for-managers/responding-to-an-accident.cfm>)
- If "Yes", it is department responsibility to notify the Department of Labour. Check the Health and Safety website (<http://hrs.massey.ac.nz/massey/about-us/administrative-unit/health-and-safety/for-managers/responding-to-an-accident.cfm#External%20reporting%20requirements>) for the process.
- If Serious Harm, how has Dept of Labour been notified? Verbally Writing

Investigation – please circle			Name of Health & Safety person investigating:
• Has an investigation been undertaken?	No	Underway	Completed
	(List known outcomes / actions below)		
• Was a significant hazard involved?	Y	N	
• If "Yes", is an update of your hazard register required?	Y	N
• Is any further investigation required?	Y	N	

Investigation Actions / Controls

List additional control measures to be implemented to prevent a recurrence (Use additional sheet if required)

Action	By Whom	By When

Head of Department/School/Institute/ sign-off (or appointed delegate)

Signature: Date:/...../.....

Name:..... Department:.....

COMPLETE FOR ALL ACCIDENTS AND INCIDENTS

SECTION C: TO BE COMPLETED BY REGIONAL HEALTH AND SAFETY ADVISOR

Follow up:

Department of Labour follow-up: Y Date:...../...../..... N/A

Signature:..... Date:...../...../.....