

Accident (Injury, Illness, or Near Miss Incident) at Work Report Form

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

Notifiable incidents, injuries and illness events must be reported immediately to: Manager, Campus Health and Safety Advisor, Campus Registrar, and WorkSafe NZ. The scene must be preserved until released by WorkSafe NZ.

COMPLETE FOR ALL ACCIDENTS AND INCIDENT EVENTS	SECTION A1- INCIDENT PARTICULARS			
	Date of incident:	Time:	Date Reported:	Check one: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss Incident
	Describe how the injury / illness / near miss incident occurred and or your role in it?			
	Describe any equipment, substances, products, animal involved?			
	Location of accident: (please be specific – e.g. room number or floor, building, campus, street, city etc)			
	Names and contact information of witnesses: (if necessary add detail on separate page)			
	Details of person completing this form Signature: Date:...../...../..... Name:..... Position:..... Dept / Section / Institute / School.....			

COMPLETE FOR ALL INJURY, and ILLNESS	SECTION A2: DETAILS OF PERSON INJURED/ILL OR INVOLVED IN INCIDENT (if several people add detail on separate page)		
	Name:	Gender:	Date of Birth:
	Residential Address (injured/ill people only)	Email address:	
		Work phone:	
		Cell phone:	
Home phone:			
SECTION A3: EMPLOYMENT DETAILS OF PERSON INJURED OR INVOLVED IN INCIDENT			
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"/> Volunteer <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:..... Hours worked since arrival at work: Shift: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night			

SECTION A4: INJURY/ILLNESS DETAILS

What part of the body was affected by the injury or illness disease? (e.g. lumbar spine, right shoulder, stomach)

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Nature of injury or illness? (Indicate all injuries, e.g. cut, bruise, sprain, fracture, underline most serious)

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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)

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

Reporting

- Is this a Notifiable Event (1)? Y N (Definition is available on Accident reporting flow chart or H&S web pages)
- If yes was the scene held until WorkSafe NZ released it Y N
- If yes how have WorkSafe NZ been notified? Verbally online/email
- Worksafe Acknowledgment reference number

(1) It is the Manager's (Head of School, Department, Section, Team leader or equivalent terms) responsibility to notify WorkSafe NZ in consultation with Campus Health and Safety Advisor. Also inform AVC or PVC, and Campus Registrar

Investigation

- Underway
 Complete List known outcomes / actions below

Name of person investigating:

.....

Investigation Actions / Controls: This must be completed by Manager or equivalent

List what actions or control measures have been put in place to prevent incident happening again including update of your hazard register (Use additional sheet if required)

Action	By Whom	By When

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

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

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

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

Follow

up:.....

.....

WorkSafe NZ follow-up: Y Date:...../...../..... N/A

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

NOTE: The Health and Safety legislation requires notification of incidents to the University and Regulator. The Privacy Act, in section 7, allows for providing information that is prescribed by other legislation. The information in this form may be shared with health agencies to assist with rehabilitation.