

# INJURY & INCIDENT REPORT

<b>Business Name</b>		<b>Report Date</b>
<b>Location of Event</b>		
<b>Address</b>		
<b>Affected Person's Name</b>		
<b>Role on Site</b>	<b>Phone</b>	
<b>Event Date</b>	<b>Time of Event</b>	

## Type of Event

- Minor (non-notifiable)  
 Notifiable incident  
 Notifiable injury  
 Notifiable illness  
 Death

## Treatment

- None  
 First aid  
 Ambulance/paramedic  
 Doctor  
 Hospital outpatient  
 Hospital admission

## Type of Injury/Illness

- Amputation  
 Bleeding  
 Bruising  
 Burn  
 Choking  
 Crushing  
 Dislocation  
 Hearing loss  
 Inhalation  
 Poisoning  
 Sprain or strain  
 Other

Specify

## Location of Injury

- Head  
 Eye  
 Neck/spine  
 Abdomen  
 Arm  
 Hand  
 Leg  
 Foot  
 Internal

## Degree of Injury

- Minor  
 Serious

## Describe what happened

## What were site conditions like at the time of the event

Weather (if event happened outside)

Cold

Hot

Rain

Lighting (either natural or artificial)

Dark

Dim

Bright

Vehicle traffic (type)

Busy

Some

None

Pedestrian traffic (workers, passers-by)

Many

Few

None

Name of Person Reporting

Photographs taken and attached?

**Retain a copy of this REPORT for a minimum of 5 years. If the incident involved toxic substances or asbestos you may need to retain a copy for up to 40 years.**

**Send this REPORT to [info@safetyworkkits.co.nz](mailto:info@safetyworkkits.co.nz) then complete an INVESTIGATION overleaf.**

# INJURY & INCIDENT INVESTIGATION

(from over)

<b>Business Name</b>	<b>Event Date</b>
<b>Location of Event</b>	
<b>Address</b>	
<b>Affected Person's Name</b>	
<b>Investigator's Name</b>	<b>Investigation Date</b>
<b>Role or Position</b>	<b>Phone</b>

Did site conditions contribute to this event?     Yes     No     Maybe

If site conditions did contribute in what ways do you think they were a factor?

What other factors do you think contributed to this event?



Provide extra details

Tiredness	<input type="checkbox"/>	<input type="text"/>
Lack of attention	<input type="checkbox"/>	<input type="text"/>
Distraction	<input type="checkbox"/>	<input type="text"/>
Inexperience	<input type="checkbox"/>	<input type="text"/>
Lack of training	<input type="checkbox"/>	<input type="text"/>
Lack of supervision	<input type="checkbox"/>	<input type="text"/>
Faulty equipment	<input type="checkbox"/>	<input type="text"/>
Incorrect procedures	<input type="checkbox"/>	<input type="text"/>
Other factors	<input type="checkbox"/>	<input type="text"/>

What needs to be done to stop this happening again?



Provide extra details

Improved planning	<input type="checkbox"/>	<input type="text"/>
Better work organisation	<input type="checkbox"/>	<input type="text"/>
Extra training	<input type="checkbox"/>	<input type="text"/>
Better supervision	<input type="checkbox"/>	<input type="text"/>
Equipment maintenance	<input type="checkbox"/>	<input type="text"/>
Improved procedures	<input type="checkbox"/>	<input type="text"/>
Other work adjustments	<input type="checkbox"/>	<input type="text"/>

By what date will these measures be put in place?

Who will oversee these changes?

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