**HEALTH AND SAFETY REPORTING FORM**

***Section A*** *- For reporting hazards, accidents , and incidents*

| Report type (tick all that apply):  ☐ Accident ☐ Incident ☐ Hazard observed ☐ Property damage ☐ Behavioural Concern  ☐ Injury ☐ Medical event ☐ Illness ☐ Discomfort ☐ Other (list): | | |
| --- | --- | --- |
| Date of occurrence or observation:       Time: | | |
| Exact location of occurrence or observation: | | |
| Brief description of what occurred or was observed: | | |
| List any harm that has or could potentially occur: | | |
| List the names and phone numbers of anyone directly harmed or affected: | | |
| List the names and phone numbers of any witnesses: | | |
| Tick all the factors present that influenced the occurrence or observation | | |
|  | ☐ Venue factor (incl. fixtures or fittings)  ☐ Work equipment  ☐ Safety equipment / PPE  ☐ Machinery  ☐ Tools  ☐ Heights  ☐ Chemical/ hazardous material  ☐ Repeated movements  ☐ Work position / posture  ☐ Environmental factors (e.g. wind, rain)  ☐ Temperature | ☐ Tiredness  ☐ Inexperience with task or equipment  ☐ Load, weight  ☐ Slipping or tripping  ☐ Low light / reduced visibility  ☐ Noise / difficulty hearing  ☐ Other worker(s) / work teams  ☐ Member of the public  ☐ Alcohol / drugs / medication  ☐ Others (list): |
| What has already been done to fix things or secure the area to prevent (further) harm occurring? | | |
| Have you got any suggestions? | | |
| Person completing this form:  Name:       Mobile number: | | |

| ***Section B*** *– Injured person details (complete when someone has been harmed)* | | |
| --- | --- | --- |
| Name:       Date of birth:  Address:       Phone number: | | |
| STATUS (TICK):  ☐ Trainer ☐ Student ☐ Contractor ☐ Visitor /Audience ☐ Public ☐ Performer     ☐ Other (state): | | |
|  | INJURY TYPE (tick all that apply) | |
| ☐ Aches, pains (gradual) /OOS  ☐ Aches, pains (sudden)  ☐ Amputation  ☐ Broken bones /fracture  ☐ Bruising &/or crushing  ☐ Burn / scald  ☐ Choking / suffocation  ☐ Concussion / brain injury  ☐ Cut  ☐ Death  ☐ Dental injury  ☐ Electric shock | ☐ Foreign body  ☐ Inhalation disease  ☐ Head injury  ☐ Hearing loss  ☐ Mental stress  ☐ Multiple injuries  ☐ Poisoning  ☐ Skin reaction  ☐ Sprain / strain  ☐ Other |
| DESCRIBE THE BODY PART(S) AFFECTED: | |
| SEVERITY: ☐ Severe pain ☐ Pain ☐ Mild pain ☐ Discomfort  TREATMENT: ☐ Nil ☐ First Aid ☐ Doctor /Medical ☐ Hospital | | |

| ***Section C*** *– Completed by the relevant Manager* |
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| Who has been notified of the occurrence or observation?  From Company (list people):  From the venue or contractors (list people):  Others (list people):  Has WorkSafe NZ been notified? ☐Not required ☐NO ☐YES Date:       Ref #: |
| What remedial actions have been taken to prevent (further) harm? |
| What follow up actions have occurred with those affected: |
| Which Health & Safety Committee(s) have reviewed this report? |
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