

Vault Reference Number

Incident and Accident Reporting Form

Report to be completed as soon as possible after the incident.
(Line Manager or Academic Leader to complete if the injured person is unable to do so and check the accuracy of information)
Report to HoD and HSW Service. File one copy in local files and send copy to the HSW Service.

An 'incident' is any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss, and may also be termed a "near-miss", "close call" or "dangerous occurrence". An 'accident' is where actual harm or damage occurs to a person(s).

Did the incident result in serious injury / ill-health or was only narrowly avoided?

Yes* No *If yes, **preserve the scene** and notify the Health, Safety and Wellbeing (HSW) Service **immediately** to determine whether a formal investigation is required.

Health, Safety and Wellbeing Service: Phone: 09 923 4109 E-mail: HSW@auckland.ac.nz Mobile: 027 801 2042

Section 1. Reporting

What Faculty or Service Division does this involve?

Faculty / Service Div.	<input type="text"/>
Department	<input type="text"/>

Who is reporting the accident/incident?

Name	<input type="text"/>	Staff/Student ID (if applicable)	<input type="text"/>
Contact Details	Phone: <input type="text"/>	Email:	<input type="text"/>

Where and when did it happen?

Building (or location)	<input type="text"/>	Date	<input type="text"/>
Level (Floor) and room	<input type="text"/>	Time	<input type="text"/>

How was or could have injury, ill-health or damage been caused?

- | | | |
|---|--|--|
| <input type="checkbox"/> Being hit by objects or things | <input type="checkbox"/> Heat, radiation or energy | <input type="checkbox"/> Slip, trip or fall |
| <input type="checkbox"/> Biological factors | <input type="checkbox"/> Hitting objects with part of the body | <input type="checkbox"/> Vehicle accidents |
| <input type="checkbox"/> Body stressing | <input type="checkbox"/> Psychosocial (inc. mental health) | <input type="checkbox"/> OOS or RSI |
| <input type="checkbox"/> Chemicals/substances | <input type="checkbox"/> Sound or pressure | <input type="checkbox"/> Something else: _____ |

Description of accident/incident

(If not enough room, please attach separate sheet or sheets. Attach Witness statements, diagrams and photos.)

E.G.: I was putting away some files when door slammed shut and caught my finger in filing cabinet door.

Who witnessed the accident/incident?

Name	<input type="text"/>	Name	<input type="text"/>
Contact	<input type="text"/>	Contact	<input type="text"/>

Signature of reporting person:

<input type="text"/>	Date: <input type="text"/>
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Ensure the Head of Department/Line Manager has been informed

Was anybody injured or made ill (Harmed)?

- Yes.** If it is serious, inform the HSW Service without delay. Proceed to section 2.
 No. Proceed to section 3 to see if there are any 'opportunities to learn'.

Section 2. Harm (if applicable)

Injured person

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Contact Details	Phone: <input type="text"/>	Email:	<input type="text"/>
Residential address	<input type="text"/>		

Role or job title of injured person:

<input type="text"/>			
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Other	Staff/Student ID No. <input type="text"/>
Gender: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	

Period of employment of injured person: (if applicable)

- 1st week
 1st month
 1-6 months
 6 months - 1 year
 1-5 years
 Over 5 years

Time at work prior to injury: (if applicable)

Started work at am / pm
 Incident occurred at am / pm
 Hours on shift hours

Treatment of injury:

- Nil
 First-aid
 Doctor/Emergency Dept. (not hospitalised)
 Hospitalised (admitted)

Where were they treated?

Location
 Doctor (if known)

What caused the injury? (Agency of harm)

- | | | |
|--|--|---|
| <input type="checkbox"/> Human factors (unsafe acts or behaviours) | <input type="checkbox"/> Animal, human or plant/vegetation (biological agency) | <input type="checkbox"/> Other biological factors (e.g. Bacterial or viral) |
| <input type="checkbox"/> Chemical or chemical products | <input type="checkbox"/> Environmental (e.g. heat, cold) | <input type="checkbox"/> Exposure (e.g. dust, gas, noise, etc.) |
| <input type="checkbox"/> Machinery or (mainly) fixed plant | <input type="checkbox"/> Material or substance | <input type="checkbox"/> Mobile plant or transport |
| <input type="checkbox"/> Powered equipment, tools or appliances | <input type="checkbox"/> Non-powered hand tool or equipment | <input type="checkbox"/> Other _____ |

Nature of injury or damage (Specify all):

- | | |
|---|--|
| <input type="checkbox"/> Abrasion/scratches | <input type="checkbox"/> Eye injury |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Bruising/crushing | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Burn/scald | <input type="checkbox"/> Internal injury |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Laceration/cut |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprain or strain |
| <input type="checkbox"/> Puncture wound | <input type="checkbox"/> Contamination/poisoning/toxic |
| <input type="checkbox"/> Reaction | <input type="checkbox"/> Occupational Hearing Loss |
| <input type="checkbox"/> Disease | <input type="checkbox"/> Gradual process/OOS or RSI |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Other _____ | |

Body part:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Neck | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Arms/hands | <input type="checkbox"/> Legs/feet | <input type="checkbox"/> Multiple locations |
| <input type="checkbox"/> Systemic (internal organs) | | |

Side of Body:

- Left
 Right
 Not Applicable

Other (specify)

Description of Injury

(As much detail as possible)

E.G. : Crushed middle finger on left hand

Office use only – HSW Service Injury Claims Manager to complete

Do you accept this as a work related injury?
 Yes
 No
 Unsure
 Not applicable

I, the undersigned, declare that the details above have been completed accurately, truthfully and fully to the best of my knowledge and belief, and I understand that providing a false or misleading statement is an offence.

Signature of Injury Claims Manager:
 Date:

Section 3. Investigation

To be carried out by local line manager for accidents/incidents that are not notifiable. Note: The Health and Safety Representative can assist where necessary and it is good practice to do so.

For **Notifiable Events**, a formal investigation must be carried out in accordance with Worksafe NZ's instructions by the HSW Service.

Analysis of what happened
What were the root causes of the accident/incident? Consider the following factors:
People:
Equipment:
Environment:
Procedures:
Organisation:

What can be done to prevent it happening again?

What needs to be done now?	Who should do it?	By when?
Incident/Accident investigated by:	Date:	Signature:

<i>Head of Dept. / Line Manager</i>	<i>Department</i>	Date:	Signature: