



Step 1: Injured/Affected Person to complete

Environment Unsafe Act Near Miss First Aid Medical Illness Other

Name: _____ Date of Incident _____ Time of Incident _____

Position: _____ Public Staff Visitor Contractor Client

Site: _____

Phone Number: _____ Did the incident happen? _____

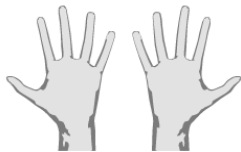
Treatment Details: None First Aid Dr Physio Hospital Other:

Injury Details – Body Part

Shade/circle the part of the body that is injured.

Front

Back



Injury Type (☑) More than one item can be selected.

- | | |
|---|---|
| <input type="checkbox"/> Early report of discomfort (DPI) | <input type="checkbox"/> Dental Injury |
| <input type="checkbox"/> Aches/Pain (gradual) | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Aches/Pain (sudden) | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Broken Bone | <input type="checkbox"/> Foreign Body (<input type="checkbox"/> Eye <input type="checkbox"/> Nose
<input type="checkbox"/> Ear) |
| <input type="checkbox"/> Bruising (incl. crushing) | <input type="checkbox"/> Inhalation Disease (Asbestos/Lead) |
| <input type="checkbox"/> Burn/Scald | <input type="checkbox"/> Hearing loss (Noise Induced) |
| <input type="checkbox"/> Chemical reaction | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Choking/Suffocation | <input type="checkbox"/> Strain/Sprain |
| <input type="checkbox"/> Concussion/Head Injury | <input type="checkbox"/> Multiple Injuries |
| <input type="checkbox"/> Cut (infected) | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Cut (not infected) | <input type="checkbox"/> Environmental |

Other

What happened?

What do you think caused or contributed to the incident? (Ask why 5 times)

Injured/Affected Person's Signature:

Date:

Step 2: Parish Health & Safety Officer to complete

Information Collection

Write down what you have found out about the injury/incident.

Analysis

List the factors and hazards that contributed to the incident/injury.

Action

What action needs to be taken to prevent a similar incident/injury happening again?

Is this injury a Serious Harm? Yes No (Refer to section 8.4)

(If yes, **the Manager** will report to WorkSafe New Zealand as soon as possible on 0800 030 040 and in writing on the prescribed form within 7 days). Also contact All About People on 0800 023 789 for advice.

Comments:

Signed:

Date:

Step 3: Diocese Health and Safety Coordinator to complete

<input type="checkbox"/>	All Actions Completed?	<input type="checkbox"/>	Relevant Personnel Notified?	<input type="checkbox"/>	Incident Register Updated	<input type="checkbox"/>	Hazard Register Updated
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Comments:

Signed:

Date: