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| --- | --- | --- | --- | --- |
| **Incident Report** | | | | |
| **Particulars of incident:** | | | | |
| Date: | | Time: | | Location: |
| **Type of incident (please circle below):** | | | | |
| Injury Illness Environmental Notifiable event Other: | | | | |
| Reported by: | | | | Phone: |
| Role in the event: | | | | Email: |
| **The injured person:** | | | | |
| Name: | | | | Address: |
| Age: | Phone: | | |  |
| **Witness(s):** | | | | |
| Name: | | | | Phone: |
| Name: | | | | Phone: |
| Name: | | | | Phone: |
| **Describe the incident:** *(space overleaf for diagram if needed)* | | | | |
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|  | | | | |
| **Describe any illness or injury:***What part of the body is affected and how?* | | | | |
|  | | | | |
|  | | | | |
| **Describe any property damage:***What damage was caused and how?* | | | | |
|  | | | | |
|  | | | | |
| **Analysis:***What do you think caused or contributed to the incident?* | | | | |
|  | | | | |
|  | | | | |
| **Prevention:***What action has been taken to prevent a reoccurrence?* | | | | |
|  | | | | |
|  | | | | |
| **Have all preventative actions been reviewed by the Event Management Committee, and implemented? Yes No** | | | | |
| <Event Management Committee> Signature: | | | | Date completed: |
| **Treatment:** | | | | |
| A&EHospital: | | | | Doctor: |
| Type of treatment provided: | | | | |
| **Notification and investigation WORKSAFE PHONE: (0800) 030-040 (24 hours)** | | | | |
| Worksafe NZ advised by: | | | Date: | |
| Investigation conducted by: | | | Date: | |
| Risk Register updated by: | | | Date: | |