Form of register or notification of circumstances of accident or serious harm

Required for the Health and Safety at Work Act 2015

For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

1 Particulars of employer, self-employed person or principal:
(business name, postal address and telephone number)

[Insert name of NGO]
address

2 The person reporting is:
☐ an employer ☐ a principal ☐ a self-employed person

3 Location of place of work:

(shop, shed, unit nos., floor, building, street nos. and names, locality/ suburb, or details of vehicle, ship or aircraft)

4 Personal data of injured person:

Name	
Residential address	

Date of birth _____ **Sex (M/F)** _____

5 Occupation or job title of injured person:
(employees and self-employed persons only)

6 The injured person is:
☐ an employee ☐ a contractor (self-employed person)
☐ self ☐ other

7 Period of employment of injured person:
(employees only)
☐ 1st week ☐ 1st month ☐ 1-6 months
☐ 6 months-1 year ☐ 1-5 years ☐ Over 5 years
☐ non-employee

8 Treatment of injury:
☐ None ☐ First aid only
☐ Doctor but no hospitalisation ☐ Hospitalisation

9 Time and date of accident/ serious harm:

Time _____ am/pm
Date _____ **Shift** ☐ Day ☐ Afternoon ☐ Night

Hours worked since arrival at work
(employees and self-employed persons only) _____

10 Mechanism of accident/ serious harm:
☐ fall, trip or slip ☐ hitting objects with part of the body
☐ sound or pressure ☐ being hit by moving objects
☐ body stressing ☐ heat, radiation or energy
☐ biological factors ☐ chemicals or other substances
☐ mental stress

11 Agency of accident/ serious harm:
☐ machinery or (mainly) fixed plant
☐ mobile plant or transport
☐ powered equipment, tool, or appliance
☐ non-powered hand tool, appliance, or equipment
☐ chemical or chemical product
☐ material or substance
☐ environmental exposure (e.g. dust, gas)
☐ animal, human or biological agency (other than bacteria or virus)
☐ bacteria or virus

12 Body part:
☐ head ☐ neck ☐ trunk
☐ upper limb ☐ lower limb ☐ multiple locations
☐ systemic internal organs

13 Nature of injury or disease: ☐ fatal
(specify all)
☐ fracture of spine ☐ puncture wound
☐ other fracture ☐ poisoning or toxic effects
☐ dislocation ☐ multiple injuries
☐ sprain or strain ☐ damage to artificial aid
☐ head injury ☐ disease, nervous system
☐ internal injury of trunk ☐ disease, musculoskeletal system
☐ amputation, including eye ☐ disease, skin
☐ open wound ☐ disease, digestive system
☐ superficial injury ☐ disease, infectious or parasitic
☐ bruising or crushing ☐ disease, respiratory system
☐ foreign body ☐ disease, circulatory system
☐ burns ☐ tumour (malignant or benign)
☐ nerves or spinal chord ☐ mental disorder

14 Where and how did the accident/serious harm happen?
(If not enough room attach separate sheet or sheets.)

15 If notification is from an employer:
(a) Has an investigation been carried out? ☐ yes ☐ no
(b) Was a significant hazard involved? ☐ yes ☐ no

Signature and date _____ ___ / ___ / ___

Name and position
(capitals)

Accident/Incident Investigation

Name of organisation: [Insert name of NGO]

PARTICULARS OF ACCIDENT			
Date of accident M T W T F S S	Time	Location	Date reported

THE INJURED PERSON			
Name		Address	
Age	Phone number		
Date of accident		Length of employment — at plant	on job

TYPE OF INJURY:	? Bruising	? Dislocation	? Other (specify)	Injured part of body
? Strain/sprain	? Scratch/abrasion	? Internal		
? Fracture	? Amputation	? Foreign body	Remarks	
? Laceration/cut	? Burn scald	? Chemical reaction		

DAMAGED PROPERTY	
Property/ material damaged	Nature of damage
	Object/substance inflicting damage

THE ACCIDENT/INCIDENT

Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

Analysis

What were the causes of the accident?

HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
? Very serious ? Serious ? Minor	? Minor ? Occasional ? Rare

Prevention

What action has or will be taken to prevent a recurrence?	Tick items already actioned	By whom	When

Use space overleaf if required			

TREATMENT AND INVESTIGATION OF ACCIDENT/INCIDENT			
Type of treatment given	Name of person giving first aid	Doctor/Hospital	
Accident investigated by	Date	WorkSafe advised YES / NO	Date