

ACCIDENT/INCIDENT/NEAR MISS REPORTING FORM

In the case of **death** call WorkSafe on **0800 030 040 immediately** (24/7). In the case of a **notifiable event**, advise WorkSafe as soon as possible.

If you are not sure whether the event is notifiable, contact WorkSafe and ask (0800 030 040) or use their online tool www.worksafe.govt.nz > Notify WorkSafe.

Complete this form and save it in your ministry unit accident register. Send a copy to keepsafe@aucklandanglican.org.nz within 48 hours. All incidents, accidents and near misses should be reported.

1. DETAILS OF MINISTRY UNIT/ORGANISATION **2. DETAILS OF INCIDENT/ACCIDENT/NEAR MISS**

Name of ministry unit/organisation: _____ Address: _____ Contact number: _____	Date: _____ Time: _____ am/pm Location: _____ Date reported: _____ Type of incident: <input type="checkbox"/> Notifiable event <input type="checkbox"/> Accident/incident <input type="checkbox"/> Near miss <input type="checkbox"/> Property damage
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3. PERSON INVOLVED

Name: _____ Contact number: _____ Date of birth: _____	<input type="checkbox"/> Clergy <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor
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4. DESCRIPTION **5. CAUSE**

Description of what happened: _____ _____ _____ _____	What caused the incident/accident/near miss? _____ _____ _____ _____
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Indicate the severity of the incident/accident/near miss: <input type="checkbox"/> Insignificant <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Extreme	How likely is this to happen again? <input type="checkbox"/> Rarely <input type="checkbox"/> Unlikely <input type="checkbox"/> Moderate <input type="checkbox"/> Possible <input type="checkbox"/> Likely
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6. INJURY

Type of injury

Bruising Dislocation Sprain/strain Amputation Foreign body Burn/scald
 Scratch/abrasion Internal Fracture Laceration/cut Chemical reaction
 Other (please specify): .

Circle or highlight the part(s) of the body injured:

Ankle	Elbow	Head	Leg (lower)	Nervous system	Torso
Arm (lower)	Eye	Heart	Leg (upper)	Spine	Whole body
Arm (upper)	Face	Hip	Lungs	Stomach	Wrist
Back	Foot (incl. toes)	Internal organs	Mental health		
Ear(s)	Hand (incl. fingers)	Knee	Neck	Other: _____	

7. TREATMENT

Describe treatment given: _____

None

First aid

Doctor/A&E

Hospital admission

8. PROPERTY

Property or material damaged:

Nature of damage:

Cause of damage:

9. INVESTIGATION

Was the accident/incident/near miss investigated? YES / NO / N/A

Date investigated: _____

By: _____

Contact number: _____

WorkSafe notified? YES / NO / N/A If yes, date: _____

Comments: _____

10. PREVENTION

What action has or will be taken to stop another incident/accident/near miss like this happening?

ACTION	COMPLETED?	BY	DATE
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____
_____	YES / NO	_____	_____

Incident/accident/near miss reported to governing body? YES / NO Date: _____

Incident/accident/near miss reported to keepsafe@aucklandanglican.org.nz? YES / NO Date: _____

Comments: _____

Form completed by: _____ Position: _____

Signed: _____ Date: _____

Retain the original in the ministry unit records.
Send a copy to keepsafe@aucklandanglican.org.nz