



INCIDENT/ACCIDENT/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
Incident/Accident/Near-Miss reports should be completed and submitted as soon as practically possible after the event occurs. This ensures that the people involved or witnesses can clearly recall the details of the event to fill in the report form accurately.

An investigation should be undertaken to ensure that corrective action is taken, learning is shared, and any necessary changes to procedures are put in place. Investigations will help you to identify why the event happened and what improvements or additional measures are needed.

1.	DETAILS OF	MINISTRY UNIT/	ORGANISATIO	DN		2.	DETAILS OF INCIDEN	T/ACCIDENT/NEA	IR MISS		
Name of	f ministry un	it/organisation:				Date:		Time:		am	pm
						Location	n:				
Address	:					Date re	ported:				
						Type of	event:				
							Incident		Accident		
Contact	number:						Near miss		Property d	amage	
3.	PERSON IN	VOLVED				THEIR R	OLE				
Name:							Clergy		Employee		
Contact	number:						Contractor		Volunteer		
Age grou	ıp:	0-10yrs	11-25yrs	2	26-45yrs		Visitor				
		46-65yrs	66+yrs	D	on't know						
	than one pe or each perso	rson was involved on.	in the event, t	then fill in a s	separate						
4.	DESCRIPTIO)N			·	5.	CAUSE				
Descript	ion of what	happened:				What ca	aused the incident/acci	ident/near miss?			
incident,	/accident/ne	ng risk table to ass ear miss: nere 1 is minimal)	sess the severi	ty of the		again	accompanying risk tab		kelihood this	; will hap	pen
	1. Minim	nal	4. :	Significant			1. Rarely		4. Probable	e	
	2. Minor		5. /	Extreme			2. Unlikely		5. Likely		
	3. Mode	rate					3. Possible				





6. INJURY/DAMA	GE						
Type of injury							
Amputation	Bruising	Burn/scald	Chemical reaction	Disloca	ation		
Foreign body	Fracture	Internal	Laceration/cut	Scratch	n/abrasion		
Sprain/strain	No injury	Other (Please specify):			Pro	perty dam	age
Tick the part(s) of the b	ody injured:						
Ankle Arm (lower) Arm (upper) Back Ear(s) 7. TREATMENT Describe treatment give	Elbow Eye Face Foot (incl. toes) Hand (incl. fingers)	Head Heart Hip Internal organs Knee	Leg (lower) Leg (upper) Lungs Mental health Neck	Nervous system Spine Stomach Other:	Torso Whole Wrist	body	
None 8. PROPERTY		First aid	Doctor/A&E 9. INVESTIGATION		admission		
Property or material da	maged:		Was the accident/incide Who investigated:		ated? Date	YES	NO
Nature of damage:			When: Contact number:				
Cause of damage:			Was this a notifiable eve	ent? Y	ES	NO	
			Was WorkSafe notified?	γ γ	ES	NO	N/A
			If yes, date notified: Comments:				





10. PREVENTION				
What action has or will be taken to stop another incident/accident/near miss	s like this happ	ening?)	
ACTION	COMPLETED	?	ву	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:		Posit	ion:	
Signed:		Date:	:	

Retain the original in the ministry unit records.

Send a copy to <u>keepsafe@aucklandanglican.org.nz</u>





Minor Moderate Significant Ferreme	Potential or actual fatality, or injury or illness with permanent disability; or, unable to work due to psychosocial injuries requiring ongoing therapy. Medical treatment and/or counselling offsite. Lost time injury or illness – more than one day. Medical treatment and/or counselling offsite. No lost time. First aid treatment onsite. Slight injury or discomfort. No medical treatment.	Wery unlikely to occur. "It would be extremely rare to happen here." HIGH MEDIUM LOW LOW	Unlikely There is a small chance of occurring. "It hasn't happened here but has happened somewhere else." SEVERE HIGH MEDIUM MEDIUM
Potential or actual fatality, or injury or illness with permanent disability, or inspendent disability, or permanent disability, or, unable to work due to psychosocial injuries requiring ongoing therapy. Medical treatment and/or counselling offsite. Lost time injury or illness — more than one day. Medical treatment and/or counselling offsite. No lost time. Eirst aid treatment onsite. LOW LOW LOW LOW LOW	Very unlikely to occur. "It would be extremely rare to happen here." HIGH MEDIUM LOW LOW	Unlikely There is a small chance of occurring. "It hasn't happened here but has happened somewhere else." SEVERE MEDIUM MEDIUM	
Pare Unlikely	Rare Unlikely Very unlikely to occur. There is a small chance of occurring. "It would be extremely rare to happen here." "It hasn't happened here but has happened somewhere else." HIGH SEVERE MEDIUM MEDIUM LOW MEDIUM LOW LOW		LIKELIHOOD Possible Might occur occasionally or has occurred sometimes. "it's hoppened here before but not for a long time." SEVERE HIGH MEDIUM MEDIUM
Potential or actual fatality, or injuny of illuses with permanent disability, or counselling offsite. No lost injuny or disconfort No lost injuny or disconfort No lost injuny or disconfort No lost injuny of illustrational permanent and/or counselling offsite. No lost injuny of illustrational permanent and/or counselling offsite. No lost injuny or disconfort No	Rare Unlikely Very unlikely to occur. There is a small chance of occurring. "It would be extremely rare to happen here." "It hasn't happened here but has happened somewhere else." HIGH SEVERE MEDIUM MEDIUM LOW MEDIUM LOW LOW		LIKELIHOOD Possible Might occur occasionally or has occurring in usual conditions. "It's hoppened here before but not for a long time." SEVERE HIGH MEDIUM MEDI