



6. INJURY/DAMAGE					
Type of injury					
Amputation	Bruising	Burn/scald	Chemical reaction	Dislocation	
Foreign body	Fracture	Internal	Laceration/cut	Scratch/abrasion	
Sprain/strain	No injury	Other (Please specify):			Property damage
Tick 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		Hospital admission	
8. PROPERTY			9. INVESTIGATION		
Property or material damaged:			Was the accident/incident/near miss investigated? Date YES NO		
Nature of damage:			Who investigated:		
Cause of damage:			When:		
			Contact number:		
			Was this a notifiable event? YES NO		
			Was WorkSafe notified? YES NO N/A		
			If yes, date notified:		
			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 vestry?	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 parish records. Send a copy to keepsafe@aucklandanglican.org.nz



		LIKELIHOOD				
		Rare	Unlikely	Possible	Probable	Likely
		Very unlikely to occur. "It would be extremely rare to happen here."	There is a small chance of occurring. "It hasn't happened here but has happened somewhere else."	Might occur occasionally or has occurred sometimes. "It's happened here before but not for a long time."	There is a reasonable chance of occurring in usual conditions. "It has happened here before, and more than once."	Could be expected to occur in most circumstances. "It's a common problem here."
CONSEQUENCE	Extreme	Potential or actual fatality, or injury or illness with permanent disability; or, unable to work due to psychosocial injuries requiring ongoing therapy.	SEVERE	SEVERE	SEVERE	SEVERE
	Significant	Medical treatment and/or counselling offsite. Lost time injury or illness – more than one day.	HIGH	HIGH	SEVERE	SEVERE
	Moderate	Medical treatment and/or counselling offsite. No lost time.	MEDIUM	MEDIUM	MEDIUM	HIGH
	Minor	First aid treatment onsite.	LOW	MEDIUM	MEDIUM	MEDIUM
	Minimal	Slight injury or discomfort. No medical treatment.	LOW	LOW	LOW	MEDIUM