



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 parish 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 O	F PARISH/ORGANI	SATION		2.	DETAILS OF INCIDENT/AC	CCIDENT/NEA	R MISS		
Name o	of parish/org	anisation:			Date:		Time:		am	pm
					Locatio	n:				
Address	s:				Date re	ported:				
					Type of	event:				
						Incident		Accident		
Contact	number:					Near miss		Property d	amage	
3.	PERSON IN	IVOLVED			THEIR I	ROLE				
Name:						Clergy		Employee		
Contact	number:					Contractor		Volunteer		
Age gro	up:	0-10yrs	11-25yrs	26-45yrs		Visitor				
		46-65yrs	66+yrs	Don't know	,					
	than one pe or each pers	erson was involved on.	in the event, the	n fill in a separate						
4.	DESCRIPTIO	ON			5.	CAUSE				
Descrip	tion of what	happened:			What c	aused the incident/acciden	t/near miss?			
Use the accompanying risk table to assess the severity of the incident/accident/near miss: (on a scale of 1-5 where 1 is minimal)					Use the accompanying risk table to assess the likelihood this will happen again (on a scale of 1-5 where 1 is rarely)					
	1. Minir	mal	4. Sig	nificant		1. Rarely		4. Probable	9	
	2. Mino	r	5. Ext	treme		2. Unlikely		5. Likely		
	3. Mode	erate				3. Possible				





6. INJURY/DAMA	GE									
Type of injury										
Amputation	Amputation Bruising Burn/scald			Dislocat	Dislocation					
Foreign body Fracture		Internal	Laceration/cut	Scratch/	Scratch/abrasion					
Sprain/strain	No injury	Other (Please specify):			Property	damage				
Tick the part(s) of the bo	Tick the part(s) of the body 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 body Wrist					
None		First aid	Doctor/A&E 9. INVESTIGATION	Hospital a	dmission					
Property or material date	maged:		9. INVESTIGATION Was the accident/incident/near miss investigated? Date YES NO Who investigated:							
Nature of damage:			When: Contact number:							
Cause of damage:			Was this a notifiable eve	ent? YE	s no					
			Was WorkSafe notified? If yes, date notified: Comments:	YE	S NO	N/A				





10. PREVENTION				
What action has or will be taken to stop another incident/accident/near miss	s like this happ	pening?	?	
ACTION	COMPLETE)?	ВУ	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:		Posit	tion:	
Signed:		Date	::	

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





ПКЕЦНООВ	Rare Unlikely Possible Probable Likely	Very unlikely to occur. There is a small chance of Might occur occasionally or has occurring. Occurring. Occurring. Occurring. Occurring.	"It would be extremely rare to "It hasn't happened here but has "It's happened here but not happened here somewhere else." It's a common problem here." It's a common problem here."	Iness with liess with isability, or, and the second of the	ment and/or MEDIUM HIGH HIGH SEVERE SEVERE	ment and/or MEDIUM MEDIUM MEDIUM HIGH HIGH	Timent onsite. LOW MEDIUM MEDIUM MEDIUM MEDIUM	discomfort. No LOW LOW MEDIUM MEDIUM
	Rare	Very unlikely to occ	"It would be extremely r happen here."	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.
				Extreme	Significant	CONSEQUENCE	Minor	lsminiM ≌