

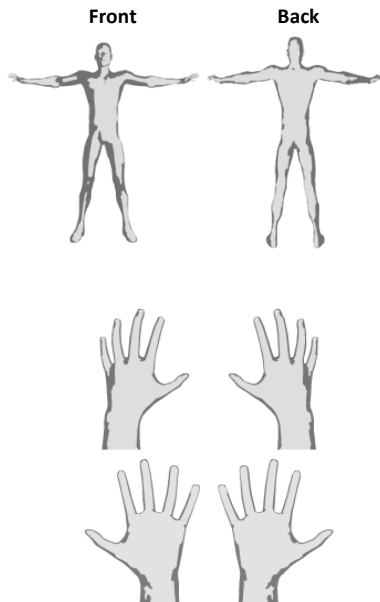
HS6 – NEAR MISS AND INCIDENT INVESTIGATION REPORT

STEP 1: TO BE COMPLETED BY THE INJURED/AFFECTED PERSON

Department:		<input type="checkbox"/> Near Miss	<input type="checkbox"/> First Aid Injury	<input type="checkbox"/> Medical Injury	<input type="checkbox"/> Illness
Name:		Date of Incident		Time of Incident	
Position:		<input type="checkbox"/> Worker	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor/Client	
Contact Phone:		Did the incident happen: <input type="checkbox"/> On site? <input type="checkbox"/> Externally?			
Treatment Details: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Dr <input type="checkbox"/> Physio <input type="checkbox"/> Hospital <input type="checkbox"/> Other					

Injury Details – Body Part

Shade/circle the part of the body that is injured.



Injury Type (☑) More than one item can be selected.

<input type="checkbox"/> Aches/Pain (gradual)	<input type="checkbox"/> Foreign Body (<input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear)
<input type="checkbox"/> Aches/Pain (sudden)	<input type="checkbox"/> Dental Injury
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dermatitis
<input type="checkbox"/> Broken Bone	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Bruising (incl. crushing)	<input type="checkbox"/> Early report of discomfort (DPI)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Fatal
<input type="checkbox"/> Chemical reaction	<input type="checkbox"/> Hearing Loss (Noise Induced)
<input type="checkbox"/> Choking/Suffocation	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Cut (infected)	<input type="checkbox"/> Multiple Injuries
<input type="checkbox"/> Cut (not infected)	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Inhalation Disease (Asbestos/Lead)	<input type="checkbox"/> Other _____ _____

What happened?

What do you think caused or contributed to the incident? (Ask why 5 times)

Injured/Affected Person’s Signature:

Date:

P.T.O

STEP 2: TO BE COMPLETED BY CLUB REPRESENTATIVE

Information Collection

Write down what you have found out about the injury/incident.

Analysis

List the factors and Hazards that contributed to the incident/injury.

Action

What action needs to be taken to prevent a similar incident/injury happening again?

Is this injury a Notifiable Event?

Yes

No

(if yes, the Club representative will report to WorkSafe New Zealand as soon as possible on 0800 030 040 and in writing on the prescribed form within 7 days).

Investigation completed by (name):

Signed:

Date:

STEP 3: TO BE COMPLETED BY THE CLUB PRESIDENT

Comments:

Signed:

Date:

STEP 4: CLUB ADMINISTRATOR TO COMPLETE

<input type="checkbox"/>	All Actions Completed?	<input type="checkbox"/>	Relevant Workers Notified?	<input type="checkbox"/>	Incident Register Updated
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Comments:

Signed:

Date: