FORM OF REGISTER OR NOTIFICATION OF CIRCUMSTANCES OF ACCIDENT OR SERIOUS HARM

WORKSAFE NEW ZEALAND | MAHI HAUMARU AOTEAROA

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992. For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable.

1. Particulars of employer, self-employed person or principal:
(business name, postal address and telephone number)

2. The person reporting is:

☐ an employer ☐ a principal ☐ a self-employed person

3. Location of place of work:
(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)

4. Personal data of injured person:

Name:

Residential address:

Date of birth: DD / MM / YEAR Sex: (M/F)

5. Occupation or job title of injured person:
(employees and self-employed persons only)

6. The injured person is:

☐ an employer ☐ a contractor (self-employed person)

☐ self ☐ other

7. Period of employment of injured person:
(employees only)

☐ 1st week ☐ 1st month ☐ 1-6 months

☐ 6 months-1 year ☐ 1-5 years ☐ over 5 years

☐ non-employee

8. Treatment of injury:

☐ none ☐ first aid only

☐ doctor but no hospitalisation ☐ hospitalisation

9. Time and date of accident/serious harm:

Time: (am/pm)

Date: DD / MM / YEAR

Shift: ☐ day ☐ afternoon ☐ night

Hours worked since arrival at work:
(employees and self-employed persons only)

10. Mechanism of accident/ serious harm:

☐ fall, trip or slip ☐ heat, radiation or energy

☐ hitting objects with part of the body

☐ biological factors ☐ sound or pressure

☐ chemicals or other substances ☐ mental stress

☐ being hit by moving objects ☐ body stressing

11. Agency of accident/ serious harm:

☐ machinery or (mainly) fixed plant

☐ mobile plant or transport

☐ powered equipment, tool, or appliance

☐ non-powered handtool, appliance, or equipment

☐ chemical or chemical product

☐ material or substance

☐ environmental exposure (eg dust, gas)

☐ animal, human or biological agency (other than bacteria or virus)

☐ bacteria or virus

WORKSAFE NEW ZEALAND
Email: seriousharm.notification@worksafe.govt.nz Fax: 09 984 4115
Phone: 0800 030 040 Post: The Registrar, WorkSafe NZ, PO Box 105-146, Auckland 1143

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12. Body part:

- ☐ head ☐ neck ☐ trunk ☐ upper limb
- ☐ lower limb ☐ multiple locations
- ☐ systemic internal organs

13. Nature of injury or disease:
(specify all)

- ☐ fatal
- ☐ fracture of spine
- ☐ other fracture
- ☐ dislocation
- ☐ sprain or strain
- ☐ head injury
- ☐ internal injury of trunk
- ☐ amputation, including eye
- ☐ open wound
- ☐ superficial injury
- ☐ bruising or crushing
- ☐ foreign body
- ☐ burns
- ☐ nerves or spinal chord
- ☐ puncture wound
- ☐ poisoning or toxic effects
- ☐ multiple injuries
- ☐ damage to artificial aid
- ☐ disease, nervous system
- ☐ disease, musculoskeletal system
- ☐ disease, skin
- ☐ disease, digestive system
- ☐ disease, infectious or parasitic
- ☐ disease, respiratory system
- ☐ disease, circulatory system
- ☐ tumour (malignant or benign)
- ☐ mental disorder

14. Where and how did the accident/serious harm happen?
(If not enough room attach separate sheet or sheets.)

15. If notification is from an employer:

(a) Has an investigation been carried out? ☐ yes ☐ no

(b) Was a significant hazard involved? ☐ yes ☐ no

Signature:

Date: DD / MM / YEAR

Name:
(capitals)

Position:
(capitals)

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