

NEAR MISS AND INCIDENT INVESTIGATION REPORT

Step 1: Injured/Affected Person to complete

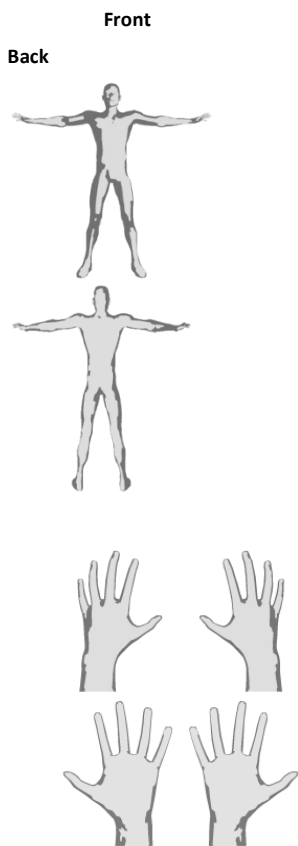
Environment Unsafe Act Near Miss First Aid Medical Illness Other

Name:		Date of Incident		Time of Incident	
Position:		<input type="checkbox"/> Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Client			
Site:					
Phone Number:		Did the incident happen?			

Treatment Details: None First Aid Dr Physio Hospital 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"/> Early report of discomfort (DPI)	<input type="checkbox"/> Dental Injury
<input type="checkbox"/> Aches/Pain (gradual)	<input type="checkbox"/> Dermatitis
<input type="checkbox"/> Aches/Pain (sudden)	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Amputation	<input type="checkbox"/> Fatal
<input type="checkbox"/> Broken Bone	<input type="checkbox"/> Foreign Body (<input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear)
<input type="checkbox"/> Bruising (incl. crushing)	<input type="checkbox"/> Inhalation Disease (Asbestos/Lead)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Hearing loss (Noise Induced)
<input type="checkbox"/> Chemical reaction	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Choking/Suffocation	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Multiple Injuries
<input type="checkbox"/> Cut (infected)	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Cut (not infected)	<input type="checkbox"/> Environmental
<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:

Step 2: Manager to complete

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 Serious Harm? Yes No (Refer to section 8.4)

(If yes, **the Manager** will report to WorkSafe New Zealand as soon as possible on 0800 030 040 and in writing on the prescribed form within 7 days). Also contact All About People on 0800 023 789 for advice.

Comments:

Signed:

Date:

Step 3: Health and Safety Coordinator to complete

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

Signed:

Date: