



ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)

NZYF/HS/004
13/10/2016

*** Notifiable Events – form to be completed within 24 hours, otherwise completed within 7 working days***

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

Type of injury:		Object/equipment/substance inflicting injury:		
Injured part of body:		Person in control of object/equipment/substance:		
Date of incident:		Witness details:		
Time of incident:				
District / Region		Notifiable Event: Yes No	Worksafe advised: Yes No Date:	
		Freeze the scene: Yes No		
Exact location of incident:		Immediate causes - what immediate acts, failures to act and/or what conditions contributed to this incident? Examples: tree broke causing participant to fall and cut arm; gate was left open allowing stock to get out, car crashed due to weather conditions and person was flung out window		
Treatment given:	Nil treatment			
	First aider			
	Doctor			
	Hospital			
Task performed at time of incident:				
Describe clearly how the incident occurred. Draw a diagram overleaf or attach a plan (injured person or person reporting).		Root causes (please indicate): <input type="checkbox"/> Standards/practice/procedures <input type="checkbox"/> Knowledge/training <input type="checkbox"/> Employee selection/placement <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering practices <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Inadequate inspection/monitoring <input type="checkbox"/> Equipment spec/purchasing <input type="checkbox"/> Inadequate feedback systems Comments:		



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RISK EVALUATION

Outline the most likely consequence and the likelihood of the injury occurring to identify the risk rating.

Risk Assessment Matrix

Most likely consequence	Probability				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	10	9	8	7	6
Critical	9	8	7	6	5
Major	8	7	6	5	4
Moderate	7	6	5	4	3
Minor	6	5	4	3	2

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Property damage details:

Nature of damage:

Estimated cost (\$):

PREVENTION (For each root cause there must be an action item to address)

What action has or will be taken to prevent recurrence?

Actioned by:

Completed by:

Form completed by (name):

Form reviewed by (name):

Signature

Signature

Date

Date

Office Use Only

Current Hazard Updated

Incident register

All action completed (date):

New Hazard Created

Management / Board informed

HEALTH AND SAFETY COMMITTEE TEAM MEMBER

I am satisfied that all appropriate actions have been taken Yes No

Comments:

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