

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



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)

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.....  
.....

## 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)

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.....  
.....

## 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 employee  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

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Phone: 0800 030 040 Post: PO Box 165, Wellington, 6140

New Zealand Government

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)