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.

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MAHI HAUMARU AOTEAROA

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 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

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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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