

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)*

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

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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)