HS6 – NEAR MISS AND INCIDENT INVESTIGATION REPORT

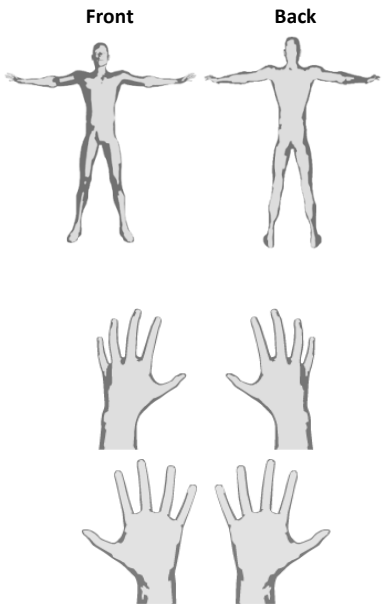
STEP 1: TO BE COMPLETED BY THE INJURED/AFFECTED PERSON

Department:		☐ Near Miss ☐ First Aid Injury ☐ Medical Injury ☐ Illness			
Name:		Date of Incident		Time of Incident	
Position:		☐ Worker ☐ Contractor ☐ Visitor/Client			
Contact Phone:		Did the incident happen: ☐ On site? ☐ Externally?			

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.

☐ Aches/Pain (gradual)	☐ Foreign Body (☐ Eye ☐ Nose ☐ Ear)
☐ Aches/Pain (sudden)	☐ Dental Injury
☐ Amputation	☐ Dermatitis
☐ Broken Bone	☐ Dislocation
☐ Bruising (incl. crushing)	☐ Early report of discomfort (DPI)
☐ Burn/Scald	☐ Fatal
☐ Chemical reaction	☐ Hearing Loss (Noise Induced)
☐ Choking/Suffocation	☐ Poisoning
☐ Concussion/Head Injury	☐ Strain/Sprain
☐ Cut (infected)	☐ Multiple Injuries
☐ Cut (not infected)	☐ Property Damage
☐ Inhalation Disease (Asbestos/Lead)	☐ Other _____ _____

What happened?

What do you think caused or contributed to the incident? (Ask why 5 times)

Injured/Affected Person's Signature:	**Date:**

P.T.O

STEP 2: TO BE COMPLETED BY CLUB REPRESENTATIVE

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 Notifiable Event? ☐ Yes ☐ No

(if yes, **the Club representative** will report to WorkSafe New Zealand as soon as possible on 0800 030 040 and in writing on the prescribed form within 7 days).

Investigation completed by (name):

Signed: **Date:**

STEP 3: TO BE COMPLETED BY THE CLUB PRESIDENT

Comments:

Signed:	**Date:**

STEP 4: CLUB ADMINISTRATOR TO COMPLETE

□	All Actions Completed?	□	Relevant Workers Notified?	□	Incident Register Updated

Comments:

Signed:	**Date:**