

## Accident/Incident Report Form for NZCF events

Completed forms must be sent to the Chief Executive: [ceo@nzcf.org.nz](mailto:ceo@nzcf.org.nz).

Near misses should also be recorded on this form.

Information from this form will be recorded in the NZCF Accident Register and relevant procedures will be reviewed for the prevention of reoccurrence. Notifiable incidents will be reported to NZCF funders.

Particulars of Accident/Incident	
Date of Accident/Incident:	Time:
Date reported:	Location:
The Injured Person	
Name:	Address:
Date of Birth:	NZCF employee? Yes/No
Type of Injury (please circle):	
Bruising      Dislocation      Strain/sprain      Scratch/abrasion      Internal Fracture      Amputation      Foreign body      Laceration/cut      Burn/scald Other (please specify:	
Comments:	
Damaged Property	
Property or material damaged:	
Nature of damage:	
Object/substance causing damage:	

**The Accident/Incident**

Describe what happened. If this was a vehicle accident, add a drawing of the accident scene.

What caused the accident or incident?

How serious was it?

Minor      Serious      Very serious

How serious could it have been?

Minor      Serious      Very serious

How often is this likely to happen again?

Not often      Occasionally      Often

What action will be taken to stop another accident or incident like this happening? (include by whom and when):

**Treatment and Investigation of Accident/Incident**

Type of treatment given:

Name of person giving first aid:

Doctor/hospital:

Accident/incident investigated by:

Date:

WorkSafe advised: YES / NO

Date: