

Accident/Incident Report Form for NZCF events

Completed forms must be sent to the Chief Executive: 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

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: