

# Accident and Incident Report

**Manager to complete this form. If the accident or incident is to be reported to Worksafe NZ – this is to be done within 48 hours.**

1. Address of the Incident? \_\_\_\_\_

2. Who was on scene? \_\_\_\_\_

3. Details? (**What and How** did the accident/incident happen)

4. What caused the incident/accident? (Tick the box: there can be more than one factor involved)

<input type="checkbox"/> Lack of Training	<input type="checkbox"/> Ineffective Guarding	<input type="checkbox"/> Lack of Maintenance
<input type="checkbox"/> Inexperience	<input type="checkbox"/> Lack of Protective equipment	<input type="checkbox"/> Safety Rules not
<input type="checkbox"/> Weather	<input type="checkbox"/> Unsafe Work Methods	<input type="checkbox"/> Misconduct
<input type="checkbox"/> Workplace design (equipment, layout, lighting ventilation)	<input type="checkbox"/> Language difficulties	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Other:		

5. Explain in detail what **caused** the accident?

6. How could a recurrence be prevented?

8. Worksafe NZ Advised? Yes  No

Date  
: \_\_\_\_\_

9. Hazard Risk Register Updated and all advised? Yes  No

Action Taken, When? And by Whom?

Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_