

INVESTIGATION FORM

Date / /

Accident investigated by:		Was the Worksafe NZ advised – 0800 030 040 ---- YES / NO – Date: ___/___/___	
Position(s):			
INJURY TREATMENT Treatment date: ___/___/___ Time:	Nature of injury:	Type of Treatment provided:	
Person giving First Aid:	Doctor:	Hospital:	

DESCRIBE WHAT HAPPENED: Talk to injured person & eye witness and ask the Who? What? How? Where? Why? Questions
 Examine equipment & work environment etc. For all vehicle accidents use an additional diagram sheet

CAUSE ANALYSIS: What were the causes of the accident? (Tick possible deficiencies)

IMMEDIATE CAUSES		BASIC CAUSES
Substandard Actions <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Improper loading or placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or drugs <input type="checkbox"/> Unsafe position or posture <input type="checkbox"/> Failure to use PPE	Substandard Conditions <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper PPE <input type="checkbox"/> Defective tools, equipment/ materials <input type="checkbox"/> Congested or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Poor housekeeping - disorder <input type="checkbox"/> Hazardous environmental conditions <input type="checkbox"/> Noise exposures <input type="checkbox"/> Radiation exposures <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excessive illumination <input type="checkbox"/> Inadequate ventilation	Job Factors <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and tear <input type="checkbox"/> Abuse or misuse Personal Factors <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation

Cause analysis source: Massey – 114.271-Study Guide One, Topic 4. The theories of injury causation, Reading 4

PREVENTION **Attention:** If you ticked VERY SERIOUS or SERIOUS below – and this hazard is not in the hazard register, a new control sheet must be written and added to the existing hazard register.

HOW BAD COULD IT HAVE BEEN? <input type="checkbox"/> Very Serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor			WHAT IS THE CHANCE OF IT HAPPENING AGAIN? <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		
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What action has or will be taken to prevent recurrence?	By whom	When	Completed
		___/___/___	___/___/___

ASSOCIATED COSTS

PAID TIME LOST IN ACCIDENT - Estimate		DAMAGE TO PROPERTY	
Injured person(s) 1 st week liability	\$	Property / Material Damaged:	
Other person(s) attending – first aid etc	\$	Nature of Damage:	
Stoppage, followed by slow work pace	\$	Object/Substance Inflicting Damage	
Time – Recording & investigating etc	\$	Person in control of Object/Substance:	
Estimated lost time cost = A	\$	Estimated cost of repair /replacement = B	\$
		TOTAL = A+B	

Form of register or notification of Notifiable Event

For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

Near miss **Non Serious Harm Injury** **Serious Harm Injury**

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 the 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

Sex(M/F)

5 Occupation or job title of injured person

(employees and self-employed persons only)

6 The injured person is:

- an employee 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 _____

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 hitting objects with part of the body
 sound or pressure objects being hit by moving objects
 body stressing heat, radiation or energy

- biological factors chemicals or other substances
 mental stress

11 Agency of accident / serious harm:

- machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool, or appliance
 non-powered hand tool, appliance, or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust, gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus

12 Body part:

- head neck trunk
 upper limb lower limb multiple locations
 systemic internal organs

13 Nature of injury or disease: fatal

(specify all)

- fracture of spine puncture wound
 other fracture poisoning or toxic effects
 dislocation multiple injuries
 sprain or strain damage to artificial aid
 head injury disease, nervous system
 internal injury of trunk disease, musculoskeletal system
 amputation, including eye disease, skin
 open wound disease, digestive system
 superficial injury disease, infectious or parasitic
 bruising or crushing disease, respiratory system
 foreign body disease, circulatory system
 burns tumour (malignant or benign)
 nerves or spinal chord mental disorder

14 Where and how did the accident / serious harm happen?

(If not enough room attach separate sheet or sheets.)

15 Notification is from an employer:

- (a) Has an investigation been carried out? yes no
(b) Was a significant hazard involved? yes no

Signature and date _____ / /

Name & position (capitals)

Email: seriousharm.notification@worksafe.govt.nz

Note: On the back of this form is - The Investigation Report Form