***{Insert Business Logo}***

**How to use this form**

This is a two part form.

**Section One** is used to capture information on an **accident** resulting in an injury.

**Section Two** is used to capture an **incident**, which has not resulted in an injury (but could have under different circumstances).

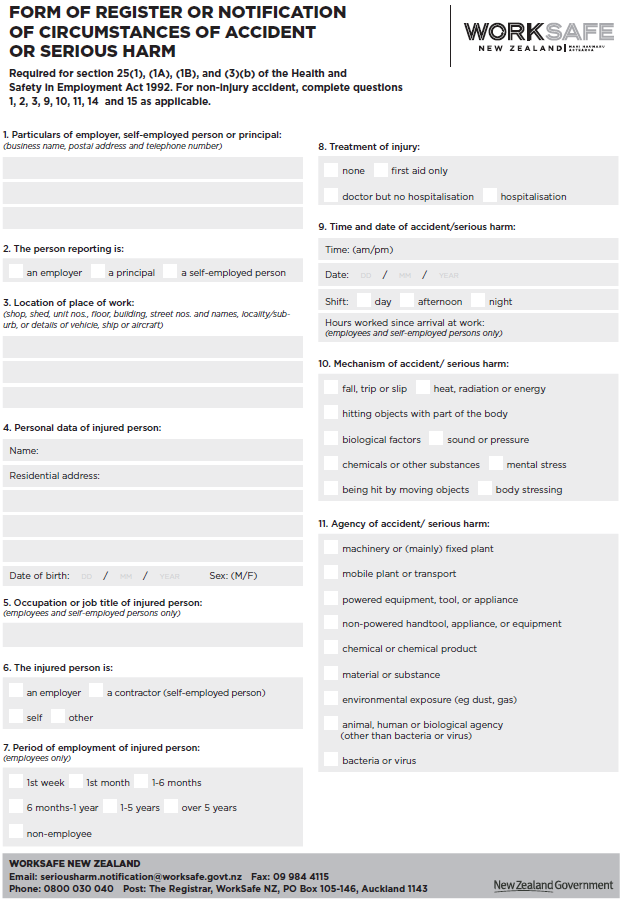
In the event of an accident or injury, please take immediate action to address the situation.

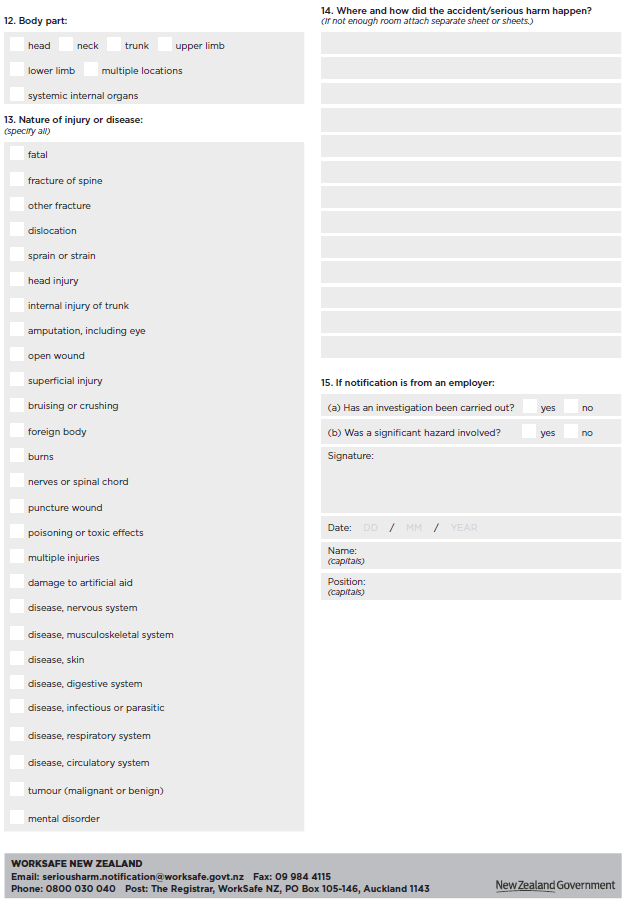
Once the immediate urgency has passed, please complete EITHER section one or section two of the form

**NOTE: In the event of a serious harm accident, Worksafe must be provided with Section One of the report form within 5 working days (this is a legal requirement).**

**Definitions**

* **Accident –** an accident is an event that results in harm or personal injury including all illnesses and diseases that could or have affected employees, visitors, contractors, suppliers and tradespeople hosted or otherwise engaged by Tourism New Zealand.
* **Serious harm accident**- means death, or permanent loss of bodily function, or temporary severe loss of bodily function or amputation or burns requiring specialist referral, or loss of consciousness, or acute illness from absorption, inhalation or indigestion of any substance, or any harm that leads to hospitalisation for 48 hours or more.
* **Incident** – an incident is an event that in different circumstances could have caused harm or a personal injury, including all illnesses and diseases that could affect employees, visitors, contractors, suppliers and tradespeople hosted or otherwise engaged by Tourism New Zealand.

**SECTION ONE – ACCIDENT REPORT**



**SECTION TWO - INCIDENT REPORT**

Please complete the following sections to record and report an incident which has occurred. This incident **will not** have resulted in an injury

**Details of person involved or who observed the incident** (to be completed by person injured / involved if possible):

Person Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Details**

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other people who witnessed

the incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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and their contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Description of Incident** (Describe what occurred and sequence of events):

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If more space is required please use the back of this sheet

**Was incident caused by an unsafe act (activity or movement) or an unsafe condition e.g., machinery or weather?** Please explain:

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**Could the incident be avoided? If so how?**

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**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**