

NEAR MISS, INCIDENT, ACCIDENT REPORT & INVESTIGATION FORM

This form must be completed with corrective actions and manager's comments before returning it to the Trade Recruitment office, within 48 hours. In the case of **serious harm**, please contact the Health and Safety Co-ordinator on 021 99 11 86.

Person(s) involved:					
Name:					
Contact number:			Department / Section:		
Employee:	<input checked="" type="checkbox"/>	Contractor:	<input checked="" type="checkbox"/>	Other (specify):	

Details of near miss / incident / accident:			
Location:			
Date:		Time:	am / pm

Severity:							
Fatal:	<input checked="" type="checkbox"/>	Serious Harm:	<input checked="" type="checkbox"/>	Minor Harm:	<input checked="" type="checkbox"/>	No Harm / Near miss:	<input checked="" type="checkbox"/>

Treatment:									
Nil:	<input checked="" type="checkbox"/>	First Aid:	<input checked="" type="checkbox"/>	H&CC:	<input checked="" type="checkbox"/>	Doctor:	<input checked="" type="checkbox"/>	Hospital:	<input checked="" type="checkbox"/>
What treatment was given?									
By whom:									

Description of what happened:	

Describe the cause of the near miss / incident / accident:			
<p>Contributing Factors (refer to these when identifying the cause of the near miss / incident / accident)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Immediate Causes</u></p> <ul style="list-style-type: none"> - Guarding - Defective tools or equipment - Hazardous arrangements - Unsafe conditions - Unsafe design - Housekeeping - Environmental conditions </td> <td style="vertical-align: top;"> <p><u>Substandard Acts</u></p> <ul style="list-style-type: none"> - Operating without authority - Disabling safety devices - Using unsafe equipment - Non-use of Personal Protective Equipment - Non-use of lock out / isolation systems - Unsafe positioning - Distraction / fooling about </td> </tr> </table>		<p><u>Immediate Causes</u></p> <ul style="list-style-type: none"> - Guarding - Defective tools or equipment - Hazardous arrangements - Unsafe conditions - Unsafe design - Housekeeping - Environmental conditions 	<p><u>Substandard Acts</u></p> <ul style="list-style-type: none"> - Operating without authority - Disabling safety devices - Using unsafe equipment - Non-use of Personal Protective Equipment - Non-use of lock out / isolation systems - Unsafe positioning - Distraction / fooling about
<p><u>Immediate Causes</u></p> <ul style="list-style-type: none"> - Guarding - Defective tools or equipment - Hazardous arrangements - Unsafe conditions - Unsafe design - Housekeeping - Environmental conditions 	<p><u>Substandard Acts</u></p> <ul style="list-style-type: none"> - Operating without authority - Disabling safety devices - Using unsafe equipment - Non-use of Personal Protective Equipment - Non-use of lock out / isolation systems - Unsafe positioning - Distraction / fooling about 		

Has a significant hazard been identified?	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
If yes, please investigate this hazard and update the Hazard register in your department or section accordingly.				

Chance of the near miss, incident or accident recurring:									
One off:	<input checked="" type="checkbox"/>	Daily:	<input checked="" type="checkbox"/>	Weekly:	<input checked="" type="checkbox"/>	Monthly:	<input checked="" type="checkbox"/>	6 Monthly +:	<input checked="" type="checkbox"/>

Corrective Action: (What will be done to minimise the risk of this happening again?)		
Action	By whom	Completed
Person in control of the workplace:	Name:	
Signed:	Position:	

Manager's comments:		
Manager of the workplace:	Signed:	
Signed:	Position:	

Health and Safety Co-ordinator's comments:						
Is post critical event testing required?	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>		
If yes, advise occupational health nurse	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Date:	

Near miss / incident / accident recorded on the accident registrar and all corrective actions completed:			
Signed:		Date:	

This form must be completed with corrective actions & manager's comments before returning it to the Trade Recruitment office, within 48 hours. In the case of serious harm, please contact the Health and Safety Co-ordinator on 021 99 11 86. Email: work@traderecruitment.co.nz or physical address: Suite 1, Ground floor, 101 Station Road, Penrose, AUCKLAND.