

FORM OF REGISTER OR NOTIFICATION OF CIRCUMSTANCES OF ACCIDENT OR SERIOUS HARM



Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992. For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable.

1. Particulars of employer, self-employed person or principal:
(business name, postal address and telephone number)

8. Treatment of injury:

none first aid only

doctor but no hospitalisation hospitalisation

2. The person reporting is:

an employer a principal a self-employed person

3. Location of place of work:

(shop, shed, unit nos., floor, building, street nos. and names, locality/sub-urb, or details of vehicle, ship or aircraft)

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)

4. Personal data of injured person:

Name:

Residential address:

10. Mechanism of accident/ serious harm:

fall, trip or slip heat, radiation or energy

hitting objects with part of the body

biological factors sound or pressure

chemicals or other substances mental stress

being hit by moving objects body stressing

11. Agency of accident/ serious harm:

machinery or (mainly) fixed plant

mobile plant or transport

powered equipment, tool, or appliance

non-powered handtool, appliance, or equipment

chemical or chemical product

material or substance

environmental exposure (eg dust, gas)

animal, human or biological agency
(other than bacteria or virus)

bacteria or virus

5. Occupation or job title of injured person:
(employees and self-employed persons only)

6. The injured person is:

an employer 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

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Phone: 0800 030 040 Post: The Registrar, WorkSafe NZ, PO Box 105-146, Auckland 1143

New Zealand Government

12. Body part:

head neck trunk upper limb

lower limb multiple locations

systemic internal organs

13. Nature of injury or disease:

(specify all)

fatal

fracture of spine

other fracture

dislocation

sprain or strain

head injury

internal injury of trunk

amputation, including eye

open wound

superficial injury

bruising or crushing

foreign body

burns

nerves or spinal chord

puncture wound

poisoning or toxic effects

multiple injuries

damage to artificial aid

disease, nervous system

disease, musculoskeletal system

disease, skin

disease, digestive system

disease, infectious or parasitic

disease, respiratory system

disease, circulatory system

tumour (malignant or benign)

mental disorder

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

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

15. If notification is from an employer:

(a) Has an investigation been carried out? yes no

(b) Was a significant hazard involved? yes no

Signature:

Date: DL / MM / YYY

Name:
(capitals)

Position:
(capitals)