

## Accident / Incident Report and Investigation Form

Accident/Incident particulars			
Date & Time			
Location			
Date reported			
Person injured			
Name			
Age			
Address			
Employer			
Type of injury			
Injured body part(s)			
Description (Describe what happened)			
Analysis (What were the causes?)			
How bad could it have been	Very serious	Serious	Minor
Chance of reoccurring	High	Occasional	Rare
Prevention (What action has or will be taken to prevent recurrence, when and by whom?)			
Treatment			
Type of treatment given			
Doctor/Hospital			
Investigation particulars			
Investigated by			
Investigation date			
Was it a notifiable Incident?	Yes	No	
WorkSafe NZ informed?	Yes	No	