

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	

Risk Assessment Matrix

Likelihood of occurrence	Severity of injury or illness				
	Superficial (No treatment req.)	Minor (e.g. First Aid req.)	Moderate (e.g. Hospitalization)	Major (Extensive injuries)	Catastrophic (Fatalities)
Very likely to happen	High	High	Extreme	Extreme	Extreme
Likely to happen	Moderate	High	High	Extreme	Extreme
Possibly could happen	Low	Moderate	High	Extreme	Extreme
unlikely to happen	Low	Moderate	Moderate	High	Extreme
Very unlikely To happen	Low	Low	Moderate	High	High