

Register / Notification of Circumstances of Accident.

1. Particulars of Employer/Self Employed/PCBU:
 Business name:
 Postal address:
 Postal address:
 Postal address:

2. Person reporting the accident/incident: PCBU, Employer, Employee, Other:

3. Location of work place where accident occurred:
 Address 1:
 Address 2:
 Address 3:

4. Name of injured person: DOB: Sex M/F
 Residential address of injured person:

5. Occupation/Job title of injured person:

6. The injured person is: Employee / Self-employed / Contractor / Self / other

7. Period employee has been in the current employment for:weeks/months/years.

8. Treatment: None / First Aid only / Doctor / Hospitalisation.

9. Date & Time of accident/incident: Time: am/pm Date:

10. Time of accident/ incident after the arrival at work: Hours.

11. The accident / incident. *(cross out the factors that do not apply).*

Fall / trip / slip	Heat /radiation / energy	Hit by object	Biological factors
Sound / pressure	Chemicals / substances	Mental stress	Hit by moving object
Body strains			

Machinery / plant	Mobile plant / transport	Powered tools or appliance	Non-powered hand-tool, appliance
Chemical or chemical product	Material or substance	Environmental exposure. Eg. Dust / gas	Animal, human or biological agent
Bacteria or virus			

Head	Neck	Trunk	Upper limb
Lower limb	Multiple lacerations	Systemic internal organs	

12. Nature of the injury: *(mark all identified injuries)*

Fatal	Spinal fracture	Dislocation	Sprain or strain
Head injury	Internal trunk injury	Amputation	Loss of eye (s)
Open wound	Superficial injury	Bruising / crushing	Foreign body
Nerves or spinal cord	Puncture wound	Poisoning / toxic effects	Multiple injuries
Disease	Nervous system	Disease to musculoskeletal	Skin disease
Digestive system disease	Disease –infection/parasite	Disease – respiratory	Disease –circulatory system
Tumour – malignant/benign	Mental disorder		

13. Describe how and where the accident or incident occurred:

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Date:.....

Name:

Position:

email to seriousharm.notification@worksafe.govt.nz

Post to: The Registrar, Worksafe NZ, P.O Box 105-146, Auckland 1143