**ACCIDENT/INCIDENT REPORT FORM**

Electronic report forms available – [click here](https://form.jotform.com/203567903172860). Welfare Report (inappropriate behaviour, bullying, etc.) must be submitted via electronic form.

# THE DETAILS

Type of Event: [ ]  Accident (injury occurred) [ ]  Incident (no injury/event happened/near miss)

|  |  |
| --- | --- |
| Person Reporting:  | LandSAR ID: |
| Date of Event: | Time of Event:  |
| LandSAR Group:  |
| Location/ Site of Event: |

# THE EVENT

*Describe what happened – give a description of the activity, what happened, and any immediate treatment/response*

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| --- |
|  |

Property or Material Damaged? *YES/NO*

*Describe damage & Estimated value $ of damage*

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| --- |
|  |
|  |
| Additional Space for more information or drawings: |

# Injured Person Details *(if more than one person injured complete separate forms for each)*

|  |  |
| --- | --- |
| Injured Person:  | LandSAR ID: |
| Time the person started task/activity: |

Type of Injury:

|  |  |  |
| --- | --- | --- |
| [ ] Bruising | [ ] Burn/scald | [ ] Fracture  |
| [ ] Strain/sprain | [ ] Head | [ ] Amputation |
| [ ] Scratch/abrasion | [ ] Eye Injury | [ ] Crushing  |
| [ ] Laceration/cut | [ ] Dislocation  | [ ] Poisoning |
| [ ] Other (specify injury type): |
| What Body Part? |
| Which side of the body? |

Treatment Type:

[ ]  Unknown – info unknown at time of report

[ ]  Report Only – no treatment required

[ ]  First Aid Injury – minor injuries requiring first aid treatment (no doctor)

[ ]  Medical Treatment Injury – requires treatment from Doctor or Hospital

[ ]  Lost Time Injury- Will be unable to return to work for more than 8hrs

List the names of any other people involved or witnesses....

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|  |

# EVENT ANALYSIS

What has been identified as the main cause(s) of this incident?

*What are the Hazards/Risks that have been identified?*

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| --- |
|  |

What (if anything) could prevent this incident form occurring in the future?

*These suggestions may include but not limited to additional training, equipment or other resources required.*

|  |
| --- |
|  |

# Corrective Action/Follow Up

*Provide details of any corrective actions that have been done or need to be done*

|  |  |  |  |
| --- | --- | --- | --- |
| ACTION | Who’s Responsible | Target Date | Completed Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# FORM NOTIFICATION & SUBMISSION

Have appropriate people in control of activity been notified? *YES/NO* When:

Form completed by: *print name & signature* Date:

PLEASE SEND THIS COMPLETED FORM TO: safety@landsar.org.nz