



ACCIDENT FORM

This form must be completed and signed – off by all parties within 12 hours of the accident and a copy sent to

TAURA POUWHAKARAE

(Senior Authority)

MAANGAI

(Representative)

KAIAKO MATUA

(Senior Teacher)

TANGATA PAA AITUAA

(Injured Party/Person)

Is it an: Accident Serious Harm Motor Vehicle Accident
 Damage to the Environment Property Damage Personal Health Injury

PERSONAL DETAILS

(Injured Party/Support Person to Complete)

A.1 SURNAME _____

A.2 FIRST NAME (s) _____

A.3 OCCUPATION _____

A.6 LOCATION WHERE ACCIDENT HAPPENED: _____

A.7 TIME/DATE OF ACCIDENT

Time

Date

/

/

A.9 TREATMENT RECEIVED

Nil

Medical Treatment (includes report to Doctor, A&E)

Not Applicable

First Aid

Hospitalised

A.11 ACC FORMS COMPLETED?

Yes

No

N/A

A.14 ANY PROPERTY DAMAGE?

Yes

No

A.15 WAS THERE ANY EFFECT ON THE ENVIRONMENT?

Yes

No

YOUR DESCRIPTION OF WHAT HAPPENED

(Injured Party/Support Person to Complete)

B.1 WHAT HAPPENED? *(Use extra sheets if required)* _____

B.2 WHY DID IT HAPPEN? _____

B.3 YOUR SUGGESTIONS TO PREVENT REOCCURRENCE?

B.4 WHAT ACTION HAS BEEN TAKEN TO PREVENT REOCCURRENCE?



ACCIDENT FORM

ACCIDENT DETAILS

(Injured Party/Support Person to Complete)

C.1 TASK BEING PERFORMED AT TIME OF ACCIDENT

Names of Witnesses:

C.2 DESCRIPTION - WHAT HAPPENED?

<input type="checkbox"/>	Hit by moving, falling object	<input type="checkbox"/>	Body Stressing (eg: OOS)
<input type="checkbox"/>	Biological factors	<input type="checkbox"/>	Chemicals or other substances
<input type="checkbox"/>	Fall, trip or slip	<input type="checkbox"/>	Heat, radiation or energy
<input type="checkbox"/>	Hitting, objects with part of the body	<input type="checkbox"/>	Mental Stress
<input type="checkbox"/>	Sound or pressure	<input type="checkbox"/>	Other (specify) _____

C.3 ANALYSIS - WHAT CAUSED THE ACCIDENT?

<input type="checkbox"/>	Animals / Humans	<input type="checkbox"/>	Lack of concentration or inattention
<input type="checkbox"/>	Another person	<input type="checkbox"/>	Language difficulties
<input type="checkbox"/>	Appliances, equipment (i.e.; computers)	<input type="checkbox"/>	Non-power handtools (i.e.; chisels, adze)
<input type="checkbox"/>	Bacteria/Virus	<input type="checkbox"/>	Machinery or fixed equipment
<input type="checkbox"/>	Chemicals or flammable materials	<input type="checkbox"/>	Mobile plant or transport (i.e.; cars, mowers)
<input type="checkbox"/>	Environmental (i.e.; noise, heat, dust, light)	<input type="checkbox"/>	Physical stress or exertion
<input type="checkbox"/>	Inadequate or lack of resources	<input type="checkbox"/>	Poor workplace design (equipment, layout)
<input type="checkbox"/>	Insufficient supervision	<input type="checkbox"/>	Power equipment, tools or appliance
<input type="checkbox"/>	Lack of knowledge of hazards or controls	<input type="checkbox"/>	Unsafe behaviour (drugs, alcohol, personal stressors)
<input type="checkbox"/>	Lack of protective equipment/clothing	<input type="checkbox"/>	Unsafe work conditions/practices/methods
<input type="checkbox"/>	Lack of training or experience to do the job	<input type="checkbox"/>	Workload - Excessive
<input type="checkbox"/>	Other (specify)		

C.4 TYPE OF INJURY RECEIVED (SPECIFY ALL)

<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Fatigue – (tiredness)	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	Back Injury (incl Sprain)	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	Open wound (includes large cuts)
<input type="checkbox"/>	Bone Fracture	<input type="checkbox"/>	Foreign body (incl. Eye)	<input type="checkbox"/>	Occupational Disease/illness
<input type="checkbox"/>	Bruising or crushing	<input type="checkbox"/>	Fracture spine	<input type="checkbox"/>	Occupational Overuse (OOS)
<input type="checkbox"/>	Burns	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Poisoning or toxic effects
<input type="checkbox"/>	Damage to artificial aid	<input type="checkbox"/>	Internal injury of trunk	<input type="checkbox"/>	Psychological Injury (Stress)
<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Minor injury (cuts, scratch)	<input type="checkbox"/>	Skin Disease or irritation
<input type="checkbox"/>	Environmental Damage	<input type="checkbox"/>	Multiple injuries	<input type="checkbox"/>	Tumour (malignant or benign)
<input type="checkbox"/>	Eye Injury	<input type="checkbox"/>	Muscle Sprain or Strain	<input type="checkbox"/>	

C.5 BODY PART INJURED

<input type="checkbox"/>	Head	<input type="checkbox"/>	Legs	<input type="checkbox"/>	Multiple Locations
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Trunk (middle torso)	<input type="checkbox"/>	Arms, hands, fingers
<input type="checkbox"/>	Systemic -internal organs	<input type="checkbox"/>	Other (Specify)		

Full Description (i.e.; Right Little finger)



ACCIDENT FORM

HAZARD INFORMATION		<i>(Injured Party/Support Person to Complete)</i>	
C.6	HAS THIS BEEN IDENTIFIED AS A HAZARD? Yes <input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/> No	<i>If NO, explain the current hazard:</i>
C.7	SIGNIFICANT HAZARD IDENTIFIED? Yes <input style="width: 20px;" type="checkbox"/> <i>If Yes, explain the Significant Hazard</i>	<input style="width: 20px;" type="checkbox"/> No	
C.8	FURTHER ACCIDENT INVESTIGATION REQUIRED? <input style="width: 20px;" type="checkbox"/> Yes	<input style="width: 20px;" type="checkbox"/> No	
C.9	BY WHOM:		

SIGN-OFF		<i>(All parties to complete)</i>	
D.1	CHECK FORMS ARE COMPLETED (AS APPROPRIATE) AND ATTACH		
	Accident	<input style="width: 30px;" type="checkbox"/>	Yes
	Personal Details	<input style="width: 30px;" type="checkbox"/>	Yes
	What happened	<input style="width: 30px;" type="checkbox"/>	Yes
	Accident Details	<input style="width: 30px;" type="checkbox"/>	Yes
	Hazard Information	<input style="width: 30px;" type="checkbox"/>	Yes
D.2	Sign-Off	Signature	Date
Comments			
<i>I authorise Te Whare Tuu Taau o Aotearoa Trust (Executive committee) to obtain medical and any other records that are, or may be relevant to this claim.</i>			
<i>I also authorise disclosure of my health and other information relating to this claim to Te Whare Tuu Taau o Aotearoa Trust (executive committee)</i>			
Kaiako Matua Comments			
<i>(Senior Teacher)</i>			
Taura Pouwhakarae Comments			
<i>(Senior Authority)</i>			