

Event Report

Human Resources

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|  |  |  |  |  |  |  | **-** |  |  | ***Note:*** *Your Employee ID is on your Canterbury Card (top right of barcode)* |
|  **EMPL ID *(HR Only)*** |  |
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| ***Note:*** *If this report is in relation to* [*a*](http://www.osh.govt.nz/law/hse-harm.shtml) *notifiable event please contact UC Health & Safety Team immediately on ext 93636.* *health-safety@canterbury.ac.nz**.* |

**To be completed for all types of events in consultation with your manager or supervisor and returned to Health and Safety within 24 hours of event or as soon as practical/possible.**

**Type of event:**

[ ]  Injury [ ] Illness [ ]  Discomfort & Pain
 *(OOS/RSI etc)*

[ ]  Near Miss [ ] Incident [ ]  [Notifiable Event](http://www.osh.govt.nz/law/hse-harm.shtml) ***(contact Health & Safety immediately)***

**Event relates to:**

[ ]  Employee [ ]  Post-Grad Student [ ]  Under-Grad Stdnt

[ ]  Visitor [ ]  Contractor [ ]  Volunteer

[ ]  Person on Work Experience

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| **Employee ID No.:**  |  |

**Details of person involved in the event:**

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| Name:       |
| Address:       |
| Phone:       |

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| **Date of Birth:**  |       | **Sex:** |       |

**Boxes 1-5 to only to be completed by workers, contractors, and people on work experience:**

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| 1 | **Where person normally works** *(Department/ School/Service/Contractor)***:**      |
| 2 | **Occupation of person involved:**      |
| 3 | **Period of employment** | [ ]  1st week[ ]  1st month[ ]  1-6 months | [ ]  7 -12 mnths[ ]  1-5 yrs[ ]  Over 5 yrs |
| 4 | **Shift:** [ ]  Day [ ]  Afternoon [ ]  Night |
| 5 | **Hours worked from arrival at work till incident:**      |

**Where did the event occur** *(building, floor, dept, school etc)*

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| **Date & time of Event:** |        |
| **Date & time reported to Manager:** |        |

**Treatment of illness/injury:**

[ ]  None [ ]  First aid [ ]  Doctor [ ]  Physiotherapist

[ ]  Hospitalisation *(only if admitted, otherwise Doctor)*

**Nature of injury/illness:**

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| [ ]  Fatal[ ]  Amputation, incl. eye[ ]  Burns[ ]  Bruising or crushing[ ]  Damage to artificial aid[ ]  Disease (specify below)[ ]  Dislocation[ ]  Electrocution[ ]  Foreign body[ ]  Fracture[ ]  Noise induced hearing loss[ ]  Other *(please specify)* | [ ]  Head injury[ ]  Internal injury or trunk[ ]  Multiple injuries[ ]  Nerves or spinal cord[ ]  Open wound[ ]  Poisoning or toxic effects[ ]  Psychological disorder[ ]  Puncture wound[ ]  Sprain or strain[ ]  Tumour[ ]  Vision impairment |
|       |
| **Source of injury/illness:** |  |
| [ ]  Animal [ ]  Bacteria or virus [ ]  Chemical/chemical products[ ]  Environmental agencies [ ]  Floor[ ]  Human [ ]  Other  | [ ]  Machinery[ ]  Motor vehicle[ ]  Non powered hand tool appliance or equipment[ ]  Powered hand tool appliance or equipment[ ]  Wall |

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| **Accident type:** |  | **Body part:** |  |
| [ ]  Biological factors[ ]  Body stressing[ ]  Chemical/chem. substance [ ]  Environmental factors[ ]  Fall, trip or slip[ ]  Other | [ ]  Inhalation [ ]  Moving object/debris[ ]  Pressure[ ]  Psychological stress[ ]  Sound[ ]  Stationary object[ ]  Heat/radiation/electricity | [ ]  Abdomen[ ]  Ankle[ ]  Back [ ]  Chest[ ]  Ear[ ]  Elbow[ ]  Eye[ ]  Face[ ]  Finger [ ]  Foot[ ]  Hand [ ]  Head (except face)[ ]  Hip [ ]  Internal organs (systemic)[ ]  Knee[ ]  Lower arm | [ ]  Lower leg[ ]  Mouth[ ]  Neck / back of head[ ]  Nose[ ]  Pelvis[ ]  Shoulder[ ]  Skin (specify body part)[ ]  Spine[ ]  Thumb[ ]  Toe[ ]  Trunk[ ]  Upper arm[ ]  Upper leg[ ]  Wrist[ ]  No injury/illness[ ]  Unknown |
| **Details of person witness to the event (if applicable):** |  |  |
| Name:  |       |  |  |
| Phone: |       |  |  |
| **Signature of person involved in event:** |  |  |
| Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |  |  |

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| Event Investigation Report |
| ***Describe in detail what happened (how, where, what, why):*** *Include any comments on what contributed to the event, eg. lack of training, workplace design, unsafe work methods, safety rules not followed etc)* |
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**Describe what action will be taken to prevent a possible recurrence of this type of event** *(eg. requisition sent to maintenance, further training provided to staff etc):*

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| **Action** | **Responsibility of****(Name and Employee ID)** | **Date for completion** |
|       |       |       |

**Did this investigation identify any new, uncontrolled hazards?:** [ ]  Yes [ ]  No

If yes, describe *(NB: Ensure ‘Identify and Manage a Hazard’ process is initiated and/or documentation is updated)*:

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| Authorisation |
| I confirm that I have reviewed this report and that any required actions will be taken in response to this event. |
| **Name of Manager/Head:**  |  | **Employee ID:** |  |  |
| **Signature:** (Manager/Head) |  | **Date:** |  |  |
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References = Size 8, Italics, Black (lighter 50%)

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HRPF: Event

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