

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*](mailto: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:**

|  |  |  |
| --- | --- | --- |
| 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:** |  |  |
|  | | | | |

References = Size 8, Italics, Black (lighter 50%)

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HRPF: Event

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