

**Appendix 6**

**Accident Incident Report & Investigation (and Policy below)**

Name of organisation: .....

Branch/department: .....

**PARTICULARS OF ACCIDENT/INCIDENT**

Date of accident M T W T F S S (circle)	Time	Location	Date reported
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**THE INJURED PERSON**

Who was the Person Harmed (tick one)	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Contractor
Name	Address		
Age	Phone number		
Date of accident	Length of employment — at plant		on job
<b>TYPE OF INJURY:</b>	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal	Injured part of body
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction	

**DAMAGED PROPERTY**

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

**THE ACCIDENT**

**Description** - Describe what happened


**Analysis** What were the causes of the accident?


HOW BAD COULD IT HAVE BEEN?

Very serious    Serious    Minor

WHAT IS THE CHANCE OF IT HAPPENING AGAIN?

Minor    Occasional    Rare

**Prevention**

What action has or will be taken to prevent a recurrence?

	By whom	When

**TREATMENT AND INVESTIGATION OF ACCIDENT**

Type of treatment given	Name of person giving first aid	Seen by (tick as appropriate): <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Own Doctor <input type="checkbox"/> Hospital A&E	
Accident investigated by		Date	
Lost time injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accident Investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time off Work	Months	Weeks	Days
Time on alternative work	Months	Weeks	Days
Person Harmed		Signature:	
H&S Officer sign off		Signature:	
Director Sign off		Signature:	
		Date:	
		Date:	
		Date:	

## **Policy -Workplace Incident/Accident/Injury/Near Miss**

- **The reporting of an Incident/Accident/Injury/Near Miss is compulsory.**

An incident/accident can be any one of the following:-

- An injury (minor or serious)
- A Near Miss (something which could have hurt you)
- Damage to property or machinery

**The reporting procedure:-**

### **Working Alone**

- Advise your supervisor and/or anyone close to you whenever you will be working alone.
- If you are injured, phone your supervisor or FDSS on 09 921 5711 or email [service@focusdigital.co.nz](mailto:service@focusdigital.co.nz) or Call 111 for emergency assistance

### **Working with a work colleague or others**

- Call for assistance
- Advise your work colleague including the Site Lead
- If you are injured, phone your supervisor or FDSS on 09 921 5711 or email [service@focusdigital.co.nz](mailto:service@focusdigital.co.nz) or Call 111 for emergency assistance

### **Reporting**

- Any accident, injury, or near miss must be reported to Focus immediately and at the latest within 24 hours of the Incident via email to [service@focusdigital.co.nz](mailto:service@focusdigital.co.nz) using this form.
- Injuries of a serious nature must be reported to Worksafe NZ. FDSS and SLS RTC Operations will assist with this process.
- Incidents and/or near misses must be reported and discussed during the Tool Box Talk Meetings both on site and at the Weekly Technicians Meeting.

### **Paperwork**

- A record of all incidents is critical for many reasons in particular, investigation, corrective action, rehabilitation (if required)
- The Incident/Accident Reporting & Investigation Report form must be completed by the employee in the presence of a company manager and/or the Health & Safety Manager. A Manager must complete the report if the employee is incapable of doing so. Submit the Form to the company immediately.
- The Incident report file is held by the FDSS Health & Safety Officer. All staff have access to viewing the reports.

## **Policy – Motor Vehicle Accident**

### ➤ **What to do if you're in a car accident**

If you happen to be in an accident the Company is there to help you, no matter who's at fault.

It's important to remember that you should not admit liability or try to settle a claim. Doing this limits how **FOCUS** can sort things out with anyone else involved – and it may affect our insurance claim.

If you're pressed, say: "I need to talk with my company. They'll know what to do."

### **If you're in an accident**

- **Stop and give assistance. If anyone is injured, dial 111 for ambulance and police assistance.**

### **Exchange details with other drivers, owners or witnesses such as:**

- Names
- Addresses
- Phone numbers
- Car registration
- Insurance company details

### **If an uninsured driver hits your car, it's important that you also identify:**

- The driver (by drivers licence number if possible)
- The car and registration plate licence number
- Witnesses and their contact details
- The Police Officer contact details (if applicable)

### **Report the Accident to the Company**

- Call the Office on 09 921 5711 immediately
- Complete the Insurance Claim Form