

# Incident Report Sheet – Mountains to Sea Conservation Trust

**Part A : (programme coordinator to complete)**

**Information about the person who had the incident:**

**Name:** \_\_\_\_\_ Coordinator/Participant/Contractor/Volunteer (please circle one)

**Contact Telephone:** Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

**What type of incident was it?** (please circle one)

Near Miss                      Accident                      Equipment Damage                      Other:

**What is the incident’s severity rating?** (refer to the severity scale in the SMP)

**When did the incident happen?**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Where did the incident happen?**

**Location:** \_\_\_\_\_

**What kind of activity was happening at the time?** (eg snorkelling, walking, stream investigation)

**What happened?** (attach an additional page if need be)

**Description:**

  
  
  
  
  
  
  

**Was a known high or extreme rated hazard involved?** (refer to hazard ID please circle one)    YES            NO

If YES – what was the hazard? If NO – is this a new hazard to report?

**Names of any witnesses:** (include witness contact information for serious harm incidents)

  
  
  

What injury or injuries were sustained? (write N/A if not applicable)	What treatment was given?																	
<p><b>Body Part Injured:</b> (please indicate which side of the body e.g. right or left)</p> <p><b>Type of Injury:</b> (e.g. break or sprain)</p> <p><b>Is this a serious harm injury?</b> E.g. Grade 6 or above on severity scale (please circle one)    YES    NO</p> <p style="color: red;">If YES, WorkSafe NZ and skills active Outdoors Mark must be notified immediately</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Tick</th> <th style="width: 20px;"></th> </tr> </thead> <tbody> <tr><td>First Aid</td><td><input type="checkbox"/></td></tr> <tr><td>Physiotherapy</td><td><input type="checkbox"/></td></tr> <tr><td>Massage therapy</td><td><input type="checkbox"/></td></tr> <tr><td>Doctor (GP)</td><td><input type="checkbox"/></td></tr> <tr><td>Hospital</td><td><input type="checkbox"/></td></tr> <tr><td>Emergency services</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Tick		First Aid	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	Massage therapy	<input type="checkbox"/>	Doctor (GP)	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Emergency services	<input type="checkbox"/>	Other	<input type="checkbox"/>	<p><b>Describe treatment:</b> (continue over if required)</p>      
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**Declaration:** The above report provides a true, accurate and complete account of the accident / incident / near miss

  
  

Coordinator Name (please print ) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**Part B: (Programme director or national coordinator to complete with team member involved)**

<p><b>What (in your opinion) was the underlying cause?</b></p> <p><b>Why did this occur?</b></p>	<p><b>Hazard Identification:</b></p> <p>New Hazard Identified:   <b>YES</b>      <b>NO</b></p> <p>Significant:                   <b>YES</b>      <b>NO</b></p> <p>If <b>YES</b> identify the hazard management process to be done eg: update hazard register and put in <b>recommended actions</b> below</p>
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<b>Recommended Actions</b>	Person responsible for this	By when	Date completed
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<p>Has the Hazard Management Process been undertaken?</p> <p style="text-align: center;"><b>YES NO</b> (please circle)</p>	<p>What has been done?</p>			
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<p>Is a review of Safety Management System required?</p> <p style="text-align: center;"><b>YES NO</b> (please circle)</p>	<p>Which part?</p>			
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<b>Other Recommended Actions - <i>Specific actions to prevent recurrence</i></b>	Person responsible for this	By when	Date completed
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<b>Communications</b>	Person responsible for this	By when	Date completed
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<p>All relevant staff members have received information regarding the incident, changes of operation / procedures.</p>				
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<p>If serious harm has occurred, have WSNZ / MNZ/CAA (as relevant) reporting procedures been followed?</p> <p><i>(please circle)</i>                   <b>YES</b>      <b>NO</b></p> <p>Have internal reporting systems been followed? <i>eg: Coordinators, Health and Safety Committee, Trustee board</i></p> <p><i>(please circle)</i>                   <b>YES</b>      <b>NO</b></p> <p>Has the incident been reviewed by top management? <i>(please circle)</i></p> <p style="text-align: center;"><b>YES</b>      <b>NO</b></p>	<p><b>Overall comments</b> (once investigation complete): <i>eg: Health and Safety committee review actions</i></p>
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<p>_____ Programme director name <i>(please print)</i></p>	<p>_____ Signature</p>	<p>_____ Date</p>
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