

APPENDIX 2 – LINCOLN UNIVERSITY INJURY/INCIDENT REPORT

Reporting and investigating incidents or “near misses” gives valuable information that can be used to prevent harm before it happens. The information you provide is used by Lincoln University for injury prevention purposes and statistical analysis only. If requested it must be made available to a Worksafe New Zealand Inspector. It is not available to future employers.

Personal Details

Name: _____ DOB: _____ Male Female
 Occupation: _____ Work Area: _____

Period of Employment 1st week 1st month 1-6 months
 6 months to 1 year 1 - 5 years over 5 years

Injury/incident Details

Date: _____ Time: _____am/pm Shift: Day Evening
 Hours worked since arrival at work: _____ hrs
 Did you have to stop working due to the accident? Yes No
 Date/time ceased work: _____ or not applicable
 Date/time returned to work: _____ or not applicable
 Recurrence of injury or illness? Yes No
 Is a significant hazard involved? Yes No
 Is this "serious harm" as defined in the LU Accident Reporting policy? Yes No
 Investigation carried out? Yes No If yes, by whom? _____

How did the injury/incident happen? *(If insufficient space, attach a separate piece of paper)*

Where did the injury/incident happen? *(Laboratory, store, office, building, etc.)*

Who saw the injury/incident happen? _____

Nature and Extent of Injury

a) Mechanism of injury/illness

- Body posture
- Biological factors
- Being hit by moving object
- Chemicals or other substances
- Fall, trip or slip
- Heat, radiation or energy
- Hitting objects with parts of the body
- Noise, pressure or vibration
- Stretching or over-exertion
- Stress
- Task repetitiveness
- Other (specify):

b) What part of your Body was affected?

- Head
- Eye
- Neck
- Shoulder
- Back/spine
- Arm
- Wrist
- Hand
- Finger
- Internal organs
- Leg
- Knee
- Ankle
- Foot
- Other (specify):

c) What type of injury/disease?

- Amputation, including eye
- Bruising or crushing
- Burns
- Disease/infection (specify):
- Dislocation
- Fatality
- Fracture
- Head injury
- Internal injury
- Laceration/cut
- OOS / gradual process injury
- Open wound
- Poisoning or toxic effects
- Puncture wound
- Sprain/strain
- Other (specify):

What was the immediate cause of the injury/incident?

- Animal, human or biological
 Bacteria or virus
 Chemical or chemical product
 Environmental exposure eg dust, gas, noise, heat
 Machinery or (mainly) fixed plant
 Material or substance
 Mobile plant, transport or vehicle
 Non powered hand tool, appliance or equipment
 Powered equipment, tool or appliance
 Computer workstation / VDU
 Other (specify):

Treatment

- None
 First aid
 Health nurse
 Doctor but no hospitalisation
 Hospitalisation
 Other medical assistance (specify):

What do you think were the underlying or fundamental causes of the injury/incident?

- Defective tools, equipment or substance
 Inadequate work standards
 Ineffective guarding
 Lack of maintenance
 Lack of suitable equipment
 Language
 Weather
 Workloads / work organization or design
 Other (specify):
- Housekeeping
 Incorrect work methods or procedures
 Inexperience
 Lack of protective equipment
 Lack of training or supervision
 Safety rules not enforced
 Workplace design (equipment layout, lighting ventilation)

Incident / Injury and Cause Analysis: *The following information is provided to assist you in determining causes and prevention methods.*

You may need to consider improvements in such areas as:

- | | |
|--|---|
| * Inspection (of equipment, materials systems) | * Emergency response plan (first aid kit) |
| * Design (of the work station, machine, guards, building) | * Signs (size, colour, position) |
| * Information (SDS, labels, rewrite of manuals) | * Housekeeping |
| * Personal protection (standards, use, care, training) | * Maintenance |
| * Control of contractors (welding, housekeeping, carriers) | |
| * Elimination or substitution (use of safer materials or machinery) | |
| * Training or supervision (on the job, induction, away from the job) | |

How can a recurrence be prevented? *(Use the above incident/injury and cause analysis as a guide)*

1. Employee: _____

2. Manager / Health and Safety Representative: _____

Signature: _____

Follow up action *(Health and Safety Manager or Manager to complete):*

3. Action to be taken: _____

4. Person to action: _____ Date to action by: _____

5. Hazards identified as a result of this incident are to be included in the Division's hazard register.

Date included in hazard register: _____ Signature: _____

6. Health and Safety Manager: _____ Date: _____

Please forward this form (or a copy) to the Health and Safety Manager as soon as you are able.

1. *We are legally required, in case of serious harm, to notify Worksafe New Zealand, as soon as practicable, and to provide written confirmation of this notification within seven days from the injury or illness.*