

Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

1 Particulars of employer, self-employed person or principal:
(business name, postal address and telephone number)

2 The person reporting is:

- an employer a principal a self-employed person

3 Location of place of work:

(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)

4 Personal data of injured person:

Name

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Residential address

Date of birth

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 Sex (M/F)

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5 Occupation or job title of injured person:

(employees and self-employed persons only)

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6 The injured person is:

- an employee a contractor (self-employed person)
 self other

7 Period of employment of injured person:

- (employees only)*
- 1st week 1st month 1-6 months
 6 months-1 year 1-5 years Over 5 years
 non-employee

8 Treatment of injury:

- None First aid only
 Doctor but no hospitalisation Hospitalisation

9 Time and date of accident/ serious harm:

Time

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 am/pm

Date

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 Shift Day Afternoon Night

Hours worked since arrival at work
(employees and self-employed persons only)

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10 Mechanism of accident/ serious harm:

- fall, trip or slip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 mental stress

11 Agency of accident/ serious harm:

- machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool, or appliance
 non-powered handtool, appliance, or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust, gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus

12 Body part:

- head neck trunk
 upper limb lower limb multiple locations
 systemic internal organs

13 Nature of injury or disease:

- fatal
(specify all)
- | | |
|--|---|
| <input type="checkbox"/> fracture of spine | <input type="checkbox"/> puncture wound |
| <input type="checkbox"/> other fracture | <input type="checkbox"/> poisoning or toxic effects |
| <input type="checkbox"/> dislocation | <input type="checkbox"/> multiple injuries |
| <input type="checkbox"/> sprain or strain | <input type="checkbox"/> damage to artificial aid |
| <input type="checkbox"/> head injury | <input type="checkbox"/> disease, nervous system |
| <input type="checkbox"/> internal injury of trunk | <input type="checkbox"/> disease, musculoskeletal system |
| <input type="checkbox"/> amputation, including eye | <input type="checkbox"/> disease, skin |
| <input type="checkbox"/> open wound | <input type="checkbox"/> disease, digestive system |
| <input type="checkbox"/> superficial injury | <input type="checkbox"/> disease, infectious or parasitic |
| <input type="checkbox"/> bruising or crushing | <input type="checkbox"/> disease, respiratory system |
| <input type="checkbox"/> foreign body | <input type="checkbox"/> disease, circulatory system |
| <input type="checkbox"/> burns | <input type="checkbox"/> tumour (malignant or benign) |
| <input type="checkbox"/> nerves or spinal chord | <input type="checkbox"/> mental disorder |

14 Where and how did the accident/serious harm happen?

(If not enough room attach separate sheet or sheets.)

15 If notification is from an employer:

- (a) Has an investigation been carried out? yes no
(b) Was a significant hazard involved? yes no

Signature and date _____ / ____ / ____

Name and position
(capitals)

