



Health and Safety

All the H&S forms you need for

- Bus Trips
- Farm Tours
- Plant Tours

(Events where H&S is predominately managed by third parties – the place you are visiting)

Don't forget to tell Carolyn you are running your event
021 913 035 or carolyn.bennett@youngfarmers.co.nz



Health and Safety

Event Starter Pack 2015



Prepared by

By Carolyn Bennett, Sponsorship Manager & NZYF H&S Committee Chair

Welcome to Health and Safety

Thank you for putting your hand up to help facilitate Health and Safety at NZYF events. As the Health and Safety law changes come into place, we are hoping to lead the way in implementing Health and Safety in everything we do.

The number of forms might seem a bit daunting but they are simple to complete and all work together to ensure we have fully covered all aspects of Health and Safety.

I am available 24 hours to assist with issues at events, but please let me know prior to the event so I can be prepared.

If you have any questions about Health and Safety please just give me a call or contact your Regional Health and Safety Representative or Regional Chair.

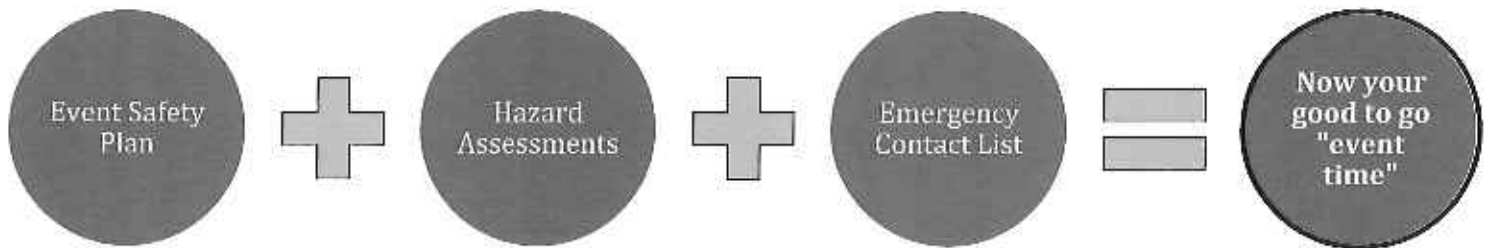
Carolyn

carolyn.bennett@youngfarmers.co.nz | 021 913 035 | 0800 NZYF INFO

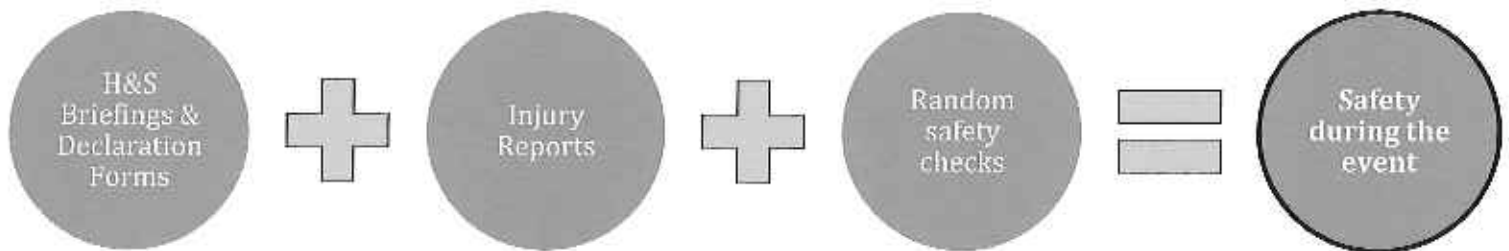


Health and Safety Chart

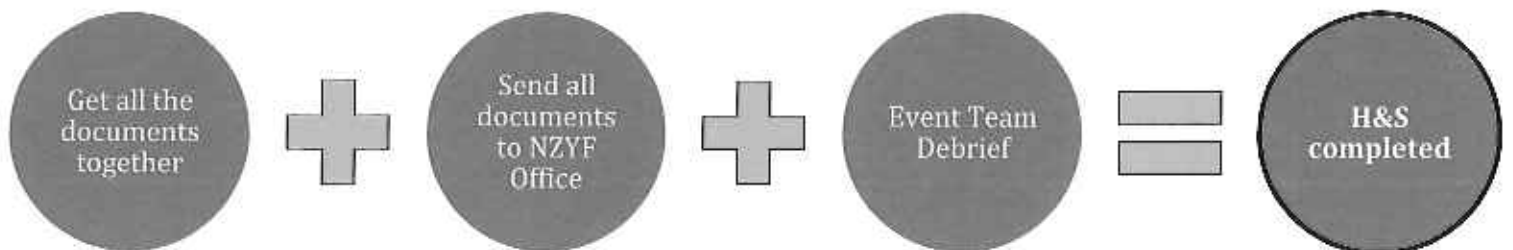
Before the Event



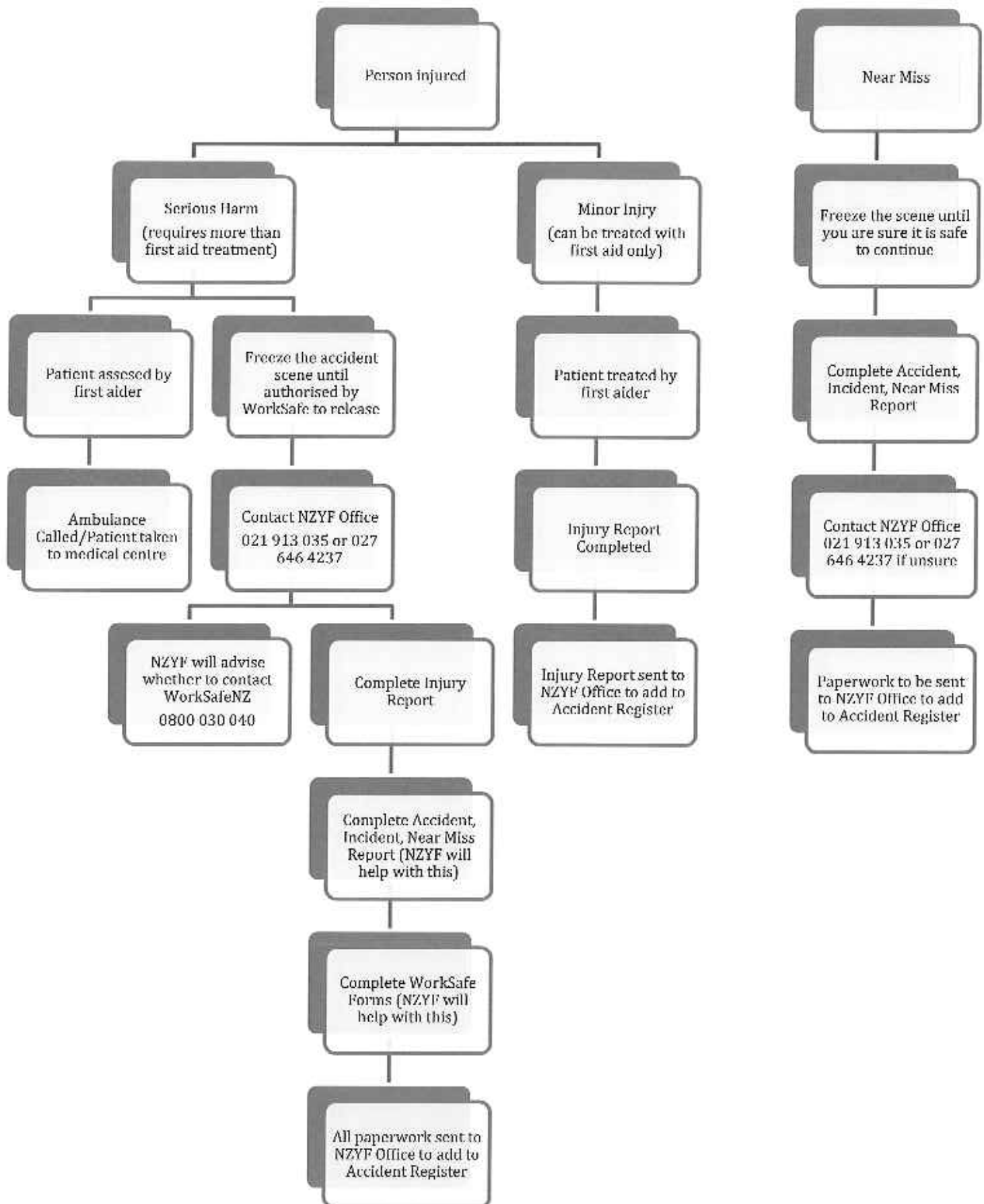
During the Event



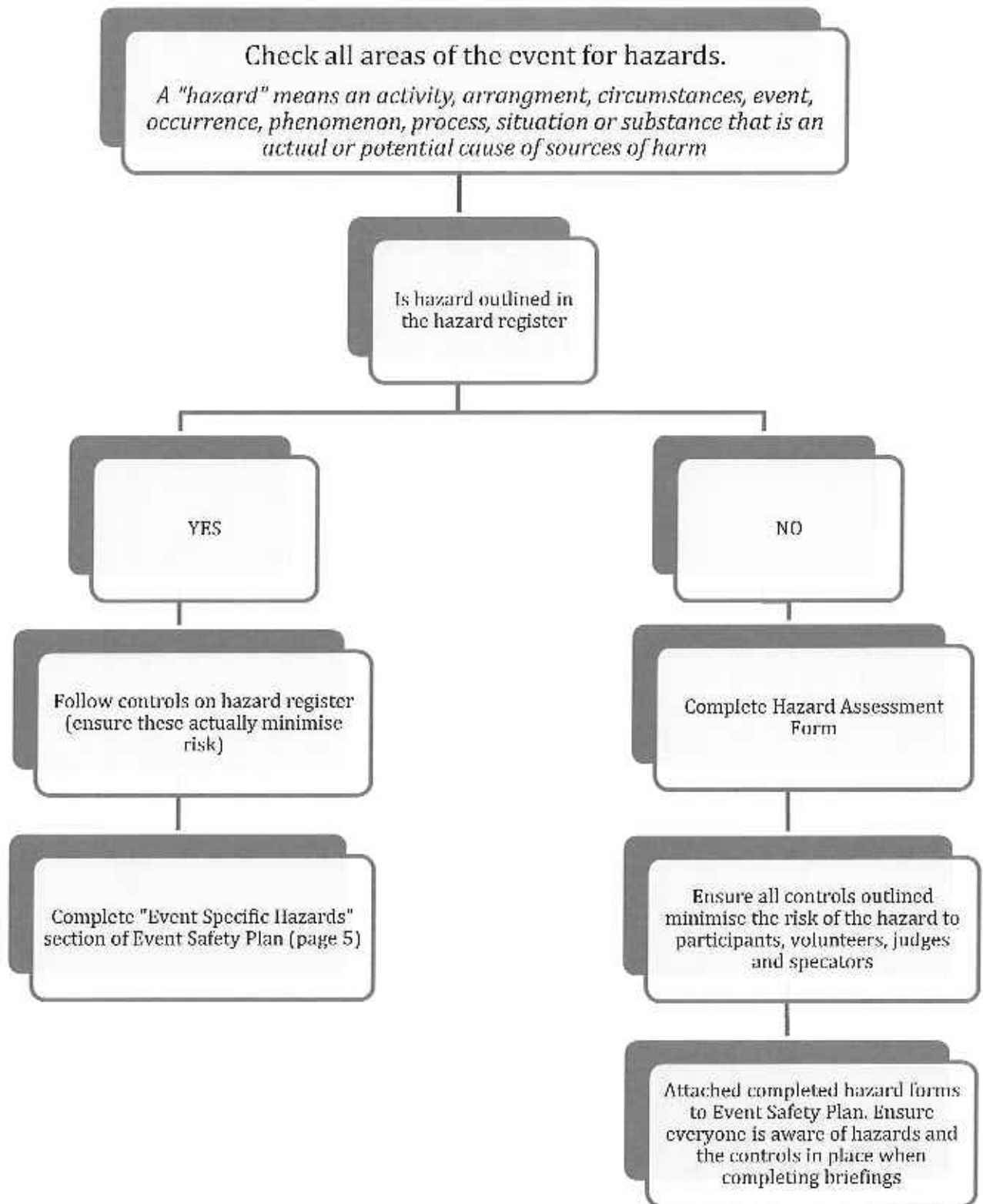
After the Event



Accident, Incident, Near Misses



Hazard Assessments



Examples

EXAMPLE

	INJURY REPORT	NZYF/HS/003 20/11/2014
	Once completed this form must be submitted to NZYF National Office.	

This information will be used for the following purposes only and will remain confidential at all times

1. Reporting to the Worksafe
2. Organisation accident/incident analysis

DISTRICT/REGION: Otago/Southland

TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVE

1. PERSONAL DATA OF INJURED PERSON: First Name: <u>Joe</u> Last Name: <u>Bloss</u> Phone Number: <u>021 234 5678</u> Age: <u>19</u> Sex: <u>(Male)</u> Female		9. BODY PART: <input type="checkbox"/> Head <input checked="" type="checkbox"/> Lower limbs <input type="checkbox"/> Neck <input type="checkbox"/> Trunk <input type="checkbox"/> Upper limb <input type="checkbox"/> Multiple locations <input type="checkbox"/> Systemic (internal organs) Details e.g. right little finger: <u>Left leg</u>	
2. LOCATION OF ACCIDENT: <u>Alexandra Showgrounds -</u> <u>module #2</u>		10. NATURE OF INJURY OR DISEASE: *** serious harm injuries are those highlighted below and must be reported to Worksafe NZ *** <input type="checkbox"/> Fracture of spine <input type="checkbox"/> Puncture wound <input type="checkbox"/> Other fractures <input type="checkbox"/> Poisoning <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, circulatory <input type="checkbox"/> Internal injury of trunk <input type="checkbox"/> Disease, nervous system <input type="checkbox"/> Amputation inc. eye <input type="checkbox"/> Disease, respiratory <input checked="" type="checkbox"/> Open wound <input type="checkbox"/> Disease, Musculoskeletal <input type="checkbox"/> Superficial injury <input type="checkbox"/> Disease, skin <input type="checkbox"/> Bruising or <u>crushing</u> <input type="checkbox"/> Disease, digestive system <input type="checkbox"/> Foreign body <input type="checkbox"/> Tumour <input type="checkbox"/> Burns <input type="checkbox"/> Mental disorder <input type="checkbox"/> 3 rd degree burns <input type="checkbox"/> Disease, infectious or <input type="checkbox"/> Nerve or spinal cord <input type="checkbox"/> parasitic Details:	
3. TASK AT TIME OF ACCIDENT: <u>Cutting wood</u>		11. WHERE AND HOW DID THE ACCIDENT/HARM HAPPEN? Attach extra sheets if needed. <u>Room on reverse page to draw picture</u> <u>Was cutting wood and chainsaw</u> <u>slipped cutting lower leg</u>	
4. EXPERIENCE ON THE JOB/TASK: <input type="checkbox"/> 1 st week <input type="checkbox"/> 6 months-1 year <input type="checkbox"/> 1 st month <input checked="" type="checkbox"/> 1-5 years <input type="checkbox"/> 1-6 months <input type="checkbox"/> Over 5 years <input type="checkbox"/> Non-employee		12. SIGNIFICANT HAZARD INVOLVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Hazard Assessment: <u>25 Chainsaws</u>	
5. TREATMENT OF INJURY: <input type="checkbox"/> Nil <input type="checkbox"/> First aid <input checked="" type="checkbox"/> Hospitalised <input type="checkbox"/> Doctor (Not hospitalised)		13. FULL INVESTIGATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, All <u>attached</u>	
6. TIME AND DATE OF ACCIDENT Time: <u>9am</u> Date: <u>10/08/2015</u> Accident reported to: <u>Mary Ellis</u>		14. SERIOUS HARM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, date Worksafe advised: <u>10/08/2015</u>	
7. MECHANISM OF ACCIDENT: <input type="checkbox"/> Fall, trip or slip <input type="checkbox"/> Hitting objects with body <input type="checkbox"/> Sound or pressure <input checked="" type="checkbox"/> Being hit by moving objects <input type="checkbox"/> Body stressing <input type="checkbox"/> Heat, radiation or energy <input type="checkbox"/> Biological factors <input type="checkbox"/> Chemicals/other substances <input type="checkbox"/> Other <input type="checkbox"/> Mental stress Details: <u>Chainsaw cut leg</u>		8. AGENCY OF ACCIDENT: <input type="checkbox"/> Machinery or (Mainly) fixed plant <input checked="" type="checkbox"/> Mobile plant or transport <input type="checkbox"/> Powered equipment, tools or appliances <input type="checkbox"/> Non powered hand tools, appliances or equipment <input type="checkbox"/> Chemical or chemical products <input type="checkbox"/> Material or substance <input type="checkbox"/> Environmental agency <input type="checkbox"/> Animal, human or biological agency <input type="checkbox"/> Bacterial or virus <input type="checkbox"/> Other Details: <u>Chainsaw</u>	

EXAMPLE

	INJURY REPORT	NZYF/HS/003 20/11/2014
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COMMENTS FROM FIRST AIDER:Name: Mary EllisPhone Number: 027 987 9876Applied pressure to wound until ambulance arrived.**SECTION TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVES:**

COMMENTS: Any further comments about injury that may be of use for accident investigation

Scene frozen. Worksafe informed. Released scene over phone
Accident Investigation Report to be completed


Name: <u>Cardyn Bennett</u>	Signature: <u>CBennett</u>	Position: <u>NZYF HS Committee Chair</u>	Date: <u>10/08/15</u>
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Name:	Signature:	Position:	Date:
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Once completed this form must be submitted to NZYF National Office.

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EXAMPLE

	ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)	NZYF/HS/004
		20/11/2014

*** Serious Harm Incidents – form to be completed within 24 hours, otherwise completed within 7 working days***

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

Type of Injury: Open wound		Object/equipment/substance inflicting injury: Chainsaw	
Injured part of body: Left leg		Person in control of object/equipment/substance: Self	
Date of incident: 10/08/2015		Witness details: Bob Jones CB 215 0050	
Time of incident: 9am			
District / Region: Otago/Southland		Serious Harm: <input checked="" type="radio"/> Yes <input type="radio"/> No	Worksafe advised: <input checked="" type="radio"/> Yes <input type="radio"/> No
		Freeze the scene: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date: 10/08/15
Exact location of incident: Alexandra Showgrounds module #2		Immediate causes - what immediate acts, failures to act and/or what conditions contributed to this incident? Examples: tree broke causing participant to fall and cut arm; gate was left open allowing a lock to get out; car crashed due to weather conditions and person was hung out window	
Treatment given: First aid until ambulance arrived	Nil treatment <input checked="" type="radio"/> First aider <input type="radio"/> Doctor <input checked="" type="radio"/> Hospital	Contestant did not have chaps secured correctly to leg. This left leg open to injury when chainsaw slipped	
Task performed at time of incident: Cutting wood			
Describe clearly how the incident occurred. Draw a diagram overleaf or attach a plan (Injured person or person reporting). Was cutting wood and chainsaw slipped cutting lower leg.		Root causes (please indicate): <input checked="" type="checkbox"/> Standards/practice/procedures <input checked="" type="checkbox"/> Knowledge/training <input type="checkbox"/> Employee selection/placement <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering practices <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Inadequate inspection/monitoring <input type="checkbox"/> Equipment spec/purchasing <input type="checkbox"/> Inadequate feedback systems Comments: Contestant was briefed on correct PPE to wear	

EXAMPLE



ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)

NZYF/HS/004
20/11/2014

RISK EVALUATION

Outline the most likely consequence and the likelihood of the injury occurring to identify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

- Extreme - Fatality
- Critical - Debilitating injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Property damage details:

Nature of damage: _____

Estimated cost (\$): _____

PREVENTION (For each root cause there must be an action item to address)

What action has or will be taken to prevent recurrence?

Implemented penalties for unsafe behaviour.
Briefings prior to events to be increased to ensure everyone aware of dangers

Actioned by: Carolyn Bennett

Completed by: Kyle Goodwin

Form completed by (name):

Carolyn Bennett

Form reviewed by (name):

Kyle Goodwin

Signature

CBennett

Signature

KG

Date

11/08/2015

Date

16/08/2015

Office Use Only

Current Hazard Updated

New Hazard Created

Incident register

Management / Board informed

All action completed (date):

16/08/15

HEALTH AND SAFETY COMMITTEE REPRESENTATIVE


I am satisfied that all appropriate actions have been taken Yes ☒ No ☐

Comments:

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

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EXAMPLE

	HAZARD ASSESSMENT	NZYF/HS/001 20/11/14
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Once completed this form must be submitted to NZYF National Office for review and inclusion to the Hazard Register.

District/Region: Canterbury	Assessment Team: Bob, Jane, Tim	Hazard No. (if reviewing current hazard):
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Hazard Description – What is the hazard and on a basic outline of why it is a hazard.

**Chainsaw - used for cutting wood in modules
can cause major injury**

Risk Evaluation

Outline the most likely consequence and the likelihood of the injury occurring to identify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

(please circle one of the options above)

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Evaluation Details: Ask yourself "what if?"

Example: Chainsaw – At anytime when using a chainsaw an injury, possibly fatal, could occur due to the dangerous nature of the machine. Therefore controls need to be put into place to ensure everyone's safety.

As per example ↑

Hazard Control:

Is it practicable for the hazard to be:

Eliminated? Yes ☒ No

Isolated? Yes ☒ No

Minimised? Yes ☒ No



HAZARD ASSESSMENT

NZYF/HS/001
20/11/14

	Controls considered but not adopted	Controls adopted	Authorised By:
Elimination or Substitution:	<ul style="list-style-type: none"> • Not use chainsaws • Use axe - just as dangerous • Handsaw - takes too long 		
Engineering:		Perimeter fence Guarding Only Husqvarna equipment (checked by dealer)	
Administration: (training, task instruction)		Husqvarna briefing Ability to ask judge for help	
PPE (personal protective equipment)		Chaps No gloves, attached mitt Visor mask Ear muffs Covered shoes Helmet	
Competition Specific:		Penalised for unsafe behaviour	

Monitoring during activity: Monitored by module judges	Responsible: Judges + volunteers
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OFFICE USE ONLY: NZYF National Office

Hazard Assessment Reviewed (Date)	Checked By:	Status (circle one): Uncontrolled Controlled	Entered Into Hazard Register (hazard register number)
Comments:			

Annual Assessment

Date assessed:	Checked By:	Assessor:	Status: (circle one) Uncontrolled Controlled
Are the controls still effective?		Yes / No	
If No - reassessment to be completed			
Assessors / Reviewers Comments:			

1. Event Description

Event Name:	
Event Address/Location: (including GPS coordinates)	
Event Description: eg club social event, regional final, fencing competition	
Event Date:	
Total Anticipated Attendees:	

2. Event Contacts

Event Host:	
Event Emergency Controller:	
Event First Aiders:	

3. Event Pack:

In addition to this completed Event Safety Plan, the Emergency Controller will need to complete and attach the:

✓	Event Rules
✓	Emergency Contact List
✓	Ensure completed Event Pack is taken to the event eg all appropriate documentation, first aid kits and fire extinguishers etc.

4. Event Rules:

The Event Rules outlined what is required by attendees whilst competing in the event. They are intended to ensure their safety at the event. Any breach of these rules could result in someone being seriously harmed.

5. Hazard & Environmental Management:

The following outlines the significant hazards that may be present at some stage during the event. There is always going to be hazards/risks associated with any event, which cannot be reduced to zero.

Identifying the hazards prior to the event, will give you and/or the host time to adequately plan to eliminate the hazards, if that's possible. If they cannot be eliminated, the appropriate isolation or minimising controls will need to be put in place, prior to the event.

The identification of hazards does not mean that the event cannot take place. Identifying the hazards will ensure the attendees are aware of any significant risks to themselves and others, so that the appropriate controls are put in place and adhered to during the event.

If you are visiting organisations or sites they will manage the onsite hazard, but you need to ensure that they complete this as your obligation to keep attendees safe:

SITE MANAGED HAZARD CONTROLS	
Location 1: Contact Name: Contact Number:	H&S briefing completed (please initial)
Location 2: Contact Name: Contact Number:	H&S briefing completed (please initial)
Location 3: Contact Name: Contact Number:	H&S briefing completed (please initial)
Location 4: Contact Name: Contact Number:	H&S briefing completed (please initial)

GENERAL

Are there any significant slopes in the paddocks or on the tracks we will be using that drivers should be prepared for?

Yes

No

Comments: (provide description, location and controls required:

Are there any dangerous animals on the property that we need to be aware of?

Yes

No

Comments: (provide description, location and controls required:

For the expected number of attendees, is there sufficient facilities around toilets and running water?

Yes

No

Comments: (provide description, location and controls required:

Have all appropriate people have been informed (farm staff/neighbours etc) that this event is happening on the property, so that they can watch out for additional people and vehicle movement?

Yes

No

Comments: (provide description, location and controls required:

Have you implemented a plan to separate the public (specators) from the event/competition. If children are present please outline what controls you have in place to protect them.

Yes

No

Comments: (provide description, location and controls required:

Yes

No

Comments: (provide description, location and controls required:

Yes

No

Comments: (provide description, location and controls required:

Yes

No

Comments: (provide description, location and controls required:

EVENT SPECIFIC HAZARDS – using hazard register				
Hazard No.	Hazard Description	Module or activity hazard has been identified in	All hazard controls are in place (refer hazard register – if Hazard not in register complete an NZYF/HS/001)	Signature
24	Fertiliser – Example	Agri-Skills Challenge	Yes. PPE in place.	C.S.Bennett

6. Event Inductions:

Prior to anybody competing or volunteering with any event an induction must be completed by the event host, event organiser or emergency controller. The purpose of inductions is to educate everybody involved about hazards and the safety measures in place and also in regards to reportings accidents, incidents and near misses.

Your induction should cover

- ☐ Event Safety Plan (this document)
- ☐ Any significant hazards that out of the ordinary
- ☐ Emergency Procedures
- ☐ Event Rules
- ☐ Site Amenities
- ☐ Any other additional safety information

7. Emergency Procedures:

An emergency plan must be completed and available to everyone at the event. This is to be discussed at the induction.

	Emergency Contact List
	Location of first aid kit(s): _____
	Emergency evacuation point: _____

8. Accident Reporting Procedures:

Attendees are to report any accidents/incidents or near misses to the Emergency Controller immediately. The Emergency Controller will record the incident using the Injury report (NZYF_HS_003). If this accident/incident requires more than first aid treatment and could cause harm to more people the Emergency Controller will contact NZYF National Office on 021 913 035 as soon as possible after the incident and to ensure any legal obligations for reporting a notifiable event are met.

All notifiable event* accidents will be reported to WorkSafe NZ "as soon as possible" and "in writing within 7 days". All accidents/incidents and near misses will be documented and investigated. NZYF National Office will assist with this.

Note: The priority in a notifiable event is to provide first aid to any injured person then to preserve the accident scene. Under no circumstances will the accident scene be cleaned or interfered with until the Emergency Controller has been informed and the scene has been released to WorkSafe NZ.

* **Notifiable Event** – **death** or any injury that requires secondary medical treatment eg broken bones, unconsciousness, major lacerations requiring stitches, crushing, major burns, obvious internal injuries, poisoned, hospitalisation etc.

9. Event Health and Safety Plan Sign Off:

Emergency Controller Signature:

Date Signed:

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The following requirements are intended to ensure your safety when participating or volunteering at this Event. Any breach of these rules could result in you or someone else being seriously harmed.

The following rules must be followed whilst at our event:

1. Have fun
2. All safety instructions given must be complied with.
3. When operating a vehicle, the speed must not exceed 15km/h.
4. Only one person to travel on a quad or motor bike (no passengers allowed).
5. All drivers must wear helmets and appropriate footwear when on quad bikes.
6. All quad bikes and side by sides must stay within the domain grounds.
7. All vehicles must be operated within the vehicle capabilities.
8. All vehicles will be operated within the specific boundaries outlined.
9. Drivers are responsible to ensure their passengers are safely seated, prior to moving.
10. Vehicles must be stationary whilst loading/unloading passengers.
11. Seat belts must be used where available.
12. No vehicle is to be used if operator is effected by drugs or alcohol.
13. When operating a vehicle, the drive must not use their cell phone unless talking on a hands free device.
14. If requested, vehicles will be shut down and/or stopped immediately.
15. Use of vehicles is to be limited during event time to ensure the safety of all spectators.
16. Do not complete any tasks that you are not skilled and competent in.
17. Time pressures should not exceed safe practices at any time.
18. Fenced off areas are for restricted access only.



EMERGENCY CONTACT LIST

NZYF/HS/005

07/01/16

Event Name:

Event Location (including GPS coordinates):

Event Host Name & Number:

Evacuation Point:

First aid kits are located:

Fire extinguishers are located:

	Contact Name	Phone
EMERGENCY CONTROLLER		

	Contact Name	Phone
First aiders (each event must have at least 2 personnel with up-to-date first aid certificates)		
Police		111 or
Fire Service		111 or
Ambulance		111 or
Local Medical Centre / Hospital		
NZYF National Office		
Worksafe http://www.business.govt.nz/worksafe		



GROUP DECLARATION FORM

NZYF/HS/009
11/03/2016

Event: _____

Briefing: _____

Thank you for participating at this Young Farmers event. We are committed to ensuring that the event is safe and accident free and we hope to make it an enjoyable day for all involved. If you have any problems throughout the day please direct these to the NZYF official running the event.

- As a participant at this event, I understand that there may be risks associated with the event and that these risks cannot be reduced to zero.
- I also understand that the management of risk is a shared responsibility between all parties at the event including the host, all attendees and participants.
- I have read the Event Safety Plan and Event Rules and agree that it is our responsibility to follow any rules, procedures or reasonable instructions provided by the Event Host to prevent any harm to ourselves or others during the event.
- I understand that I am able to ask any questions during and prior to the event to gain a better understanding of any potential risks.
- I recognise that participation in this event is voluntary on my part and is not a required or mandatory activity. If I feel I am at risk at any stage, I understand I am expected to stop the activity and inform the Event Team/Emergency Controller/Module Judge.
- I understand that the Event Team has identified a list of potential hazards that may arise during the event, have informed me of those hazards and the controls put in place to *Eliminate or Minimise* these hazards.
- **Reporting Hazards** - Please report any hazards that are not being controlled (eliminate or minimised) to a NZYF official immediately.
- **Reporting Incidents/Accidents** - Please report any incidents, accidents or near misses that occur on site at the event to the NZYF official. The NZYF official will ensure that the necessary paperwork is completed. (*Refer to appendices 1.3 & 1.4 - Injury Reporting & Accident/Incident Report forms.*)
- **First Aid Facilities** - If you or anyone else needs first aid attention, please proceed to the designated first aid area immediately.

We acknowledge that by signing this Group Declaration Form, that we have been read and understand the event Health and Safety Plan and Event Rules.

	NAME	SIGNATURE	DATE
Person Taking Briefing			
Witness One			
Witness Two			

Once completed this form must be submitted to NZYF National Office for review and inclusion to the Hazard Register.

District/Region:	Assessment Team:	Hazard No (if reviewing current hazard):
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Hazard Description – What is the hazard and an a basic outline of why it is a hazard.

Risk Evaluation

Outline the most likely consequence and the likelihood of the injury occurring to indentify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

(please circle one of the options above)

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Evaluation Details: Ask yourself "what if?"

Example: Chainsaw – At anytime when using a chainsaw an injury, possibly fatal, could occur due to the dangerous nature of the machine. Therefore controls need to be put into place to ensure everyones safety.

Hazard Control:

Is it practicable for the hazard to be:

Eliminated? Yes / No

OR

Minimised? Yes / No

	Controls considered but not adopted	Controls adopted	Authorised By:
Elimination or Substitution:			
Engineering:			
Administration: (training, task instruction)			
PPE: (personal protective equipment)			
Competition Specific:			

Monitoring during activity:	Responsible:
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OFFICE USE ONLY: NZYF National Office

Hazard Assessment Reviewed (Date)	Checked By:	Status (circle one): Uncontrolled Controlled	Entered into Hazard Register (hazard register number)
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Comments:

Once completed this form must be submitted to NZYF National Office.

This information will be used for the following purposes only and will remain confidential at all times

1. Reporting to the Worksafe
2. Organisation accident/incident analysis

DISTRICT/REGION:

TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVE

1. PERSONAL DATA OF INJURED PERSON:

First Name:
Last Name:
Phone Number:
Age:
Sex: Male / Female

9. BODY PART

- ☐ Head ☐ Lower limbs
☐ Neck ☐ Trunk
☐ Upper limb ☐ Multiple locations
☐ Systemic (internal organs)
Details o.g. right little finger.

2. LOCATION OF ACCIDENT:

10. NATURE OF INJURY OR DISEASE

*** A Notifiable Event is an injury or illness that require immediate treatment, other than first aid and must be reported to Worksafe NZ***

- ☐ Fracture of spine ☐ Puncture wound
☐ Other fractures ☐ Poisoning
☐ Dislocation ☐ Multiple injuries
☐ Sprain or strain ☐ Damage to artificial aid
☐ Head injury ☐ Disease, circulatory
☐ Internal injuries ☐ Disease, nervous system
☐ Amputation inc. eye ☐ Disease, respiratory
☐ Open wound ☐ Disease, Musculoskeletal
☐ Superficial injury ☐ Disease, skin
☐ Bruising or crushing ☐ Disease, digestive system
☐ Foreign body ☐ Tumour
☐ Burns ☐ Mental disorder
☐ 3rd degree burns ☐ Disease, infectious or parasitic
☐ Nerves or spinal cord

Details:

3. TASK AT TIME OF ACCIDENT:

4. EXPERIENCE ON THE JOB/TASK:

- ☐ 1st week ☐ 6 moths-1 year
☐ 1st month ☐ 1-5 years
☐ 1-6 months ☐ Over 5 years
☐ Non-employee

5. TREATMENT OF INJURY:

- ☐ Nil ☐ First aid
☐ Hospitalised ☐ Doctor (Not hospitalised)

6. TIME AND DATE OF ACCIDENT

Time: Date:

Accident reported to:

11. WHERE AND HOW DID THE ACCIDENT/HARM HAPPEN? Attach extra sheets if needed.

Room on reverse page to draw picture

7. MECHANISM OF ACCIDENT

- ☐ Fall, trip or slip ☐ Hitting objects with body
☐ Sound or pressure ☐ Being hit by moving objects
☐ Body stressing ☐ Heat, radiation or energy
☐ Biological factors ☐ Chemicals /other substances
☐ Other ☐ Mental stress

Details:

8. AGENCY OF ACCIDENT:

- ☐ Machinery or (Mainly) fixed plant
☐ Mobile plant or transport
☐ Powered equipment, tools or appliances
☐ Non powered hand tools, appliances or equipment
☐ Chemical or chemical products
☐ Material or substance
☐ Environmental agency
☐ Animal, human or biological agency
☐ Bacterial or virus
☐ Other

Details:

12. SIGNIFICANT HAZARD INVOLVED?

- ☐ Yes ☐ No
If yes, Hazard Assessment

13. FULL INVESTIGATION?

- ☐ Yes ☐ No
If yes, A/I

14. NOTIFIABLE EVENT?

- ☐ Yes ☐ No
If yes, date Worksafe advised:

COMMENTS FROM FIRST AIDER:

Name:

Phone Number:

SECTION TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVES:
COMMENTS: Any further comments about injury that may be of use for accident investigation

Name:

Signature:

Position:

Date:

Name:

Signature:

Position:

Date:



ACCIDENT/INCIDENT INVESTIGATION REPORT (Includes Injury, Near Miss, & Property Damage)

NZYF/HS/004
11/03/2016

*** Notifiable Events – form to be completed within 24 hours, otherwise completed within 7 working days***

Once completed this form must be submitted to NZYF National Office for review and submission to Accident/Incident Register.

Type of injury:		Object/equipment/substance inflicting injury:	
Injured part of body:		Person in control of object/equipment/substance:	
Date of incident:		Witness details:	
Time of incident:			
District / Region		Notifiable Event: Yes No	Worksafe advised: Yes No
		Freeze the scene: Yes No	Date:
Exact location of incident:		Immediate causes - what immediate acts, failures to act and/or what conditions contributed to this incident? <i>Examples: tree broke causing participant to fall and cut arm; gate was left open allowing stock to get out, car crashed due to weather conditions and person was flung out window</i>	
Treatment given:	Nil treatment		
	First aider		
	Doctor		
	Hospital		
Task performed at time of incident:			
Describe clearly how the incident occurred. Draw a diagram overleaf or attach a plan (injured person or person reporting).		Root causes (please indicate): <input type="checkbox"/> Standards/practice/procedures <input type="checkbox"/> Knowledge/training <input type="checkbox"/> Employee selection/placement <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering practices <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Inadequate inspection/monitoring <input type="checkbox"/> Equipment spec/purchasing <input type="checkbox"/> Inadequate feedback systems Comments:	

RISK EVALUATION

Outline the most likely consequence and the likelihood of the injury occurring to identify the risk rating.

Risk Assessment Matrix

Most likely consequence	Likelihood				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	High	High	High	Moderate	Moderate
Critical	High	High	Moderate	Moderate	Low
Major	High	Moderate	Low	Low	Very low
Moderate	Moderate	Low	Low	Very Low	Very low
Minor	Low	Very low	Very Low	Very Low	Very low

- Extreme - Fatality
- Critical - Disabling injury, ie amputation or permanent loss of bodily function. For example, burns, loss of consciousness, hospitalisation of 48 hours or more
- Major - An injury requiring medical treatment and resulting in more than one week off work.
- Moderate - An injury resulting in less than one week off normal duties.
- Minor - Minor first aid injury

Property damage details:

Nature of damage:

Estimated cost (\$):

PREVENTION (For each root cause there must be an action item to address)

What action has or will be taken to prevent recurrence?

Actioned by:

Completed by:

Form completed by (name):

Form reviewed by (name):

Office Use Only

Current Hazard Updated

New Hazard Created

Signature

Signature

Incident register

Management / Board informed

Date

Date

All action completed (date):

HEALTH AND SAFETY COMMITTEE TEAM MEMBER

I am satisfied that all appropriate actions have been taken Yes ☐ No ☐

Comments: