Health and Safety

All the H&S forms you need for NZYF Skills Day:

Don't forget to print out a current copy of the Hazard Register.

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

Note: If you are running an evening event you will need to also fill out a Function Checklist.

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.

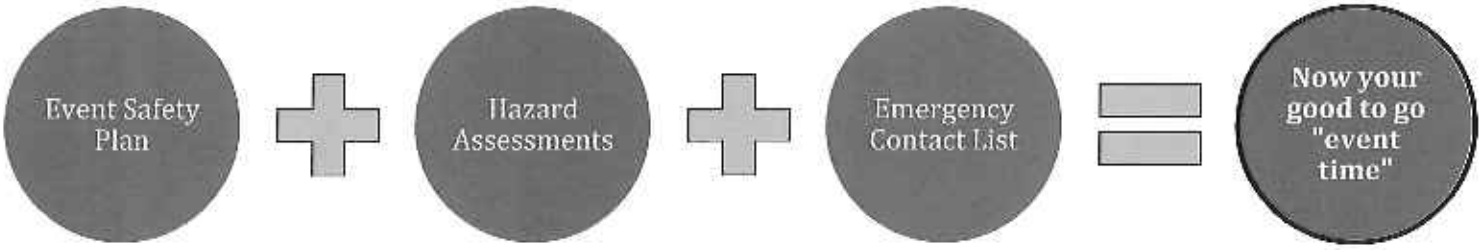
If you have any questions about Health and Safety please just give me a call or contact your Regional Health and Safety Representative or Regional Chair.

Carolyn

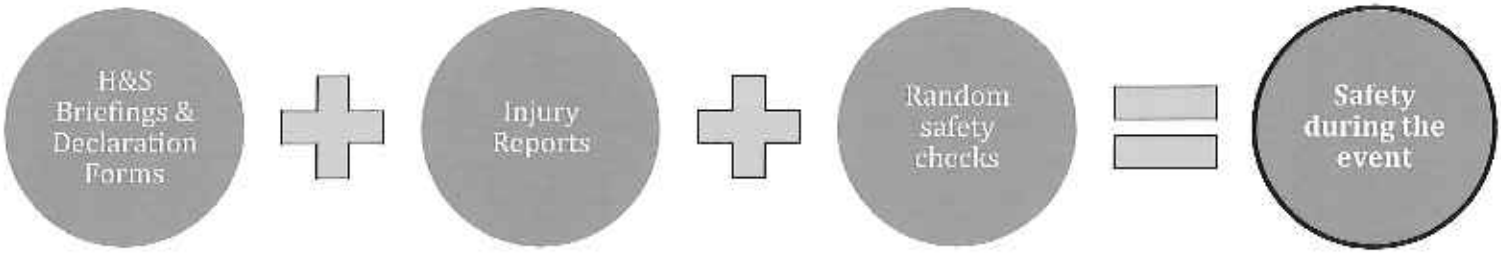
carolyn.bennett@youngfarmers.co.nz | 021 913 035 | 0800 NZYF INFO

Health and Safety Chart

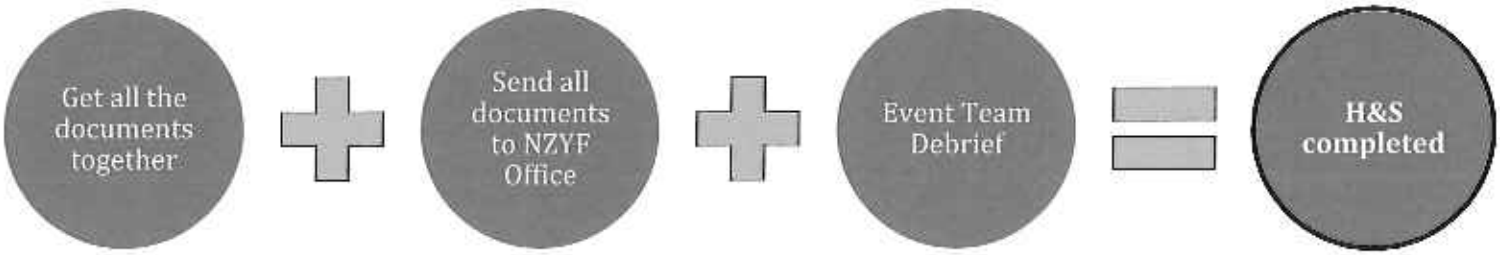
Before the Event



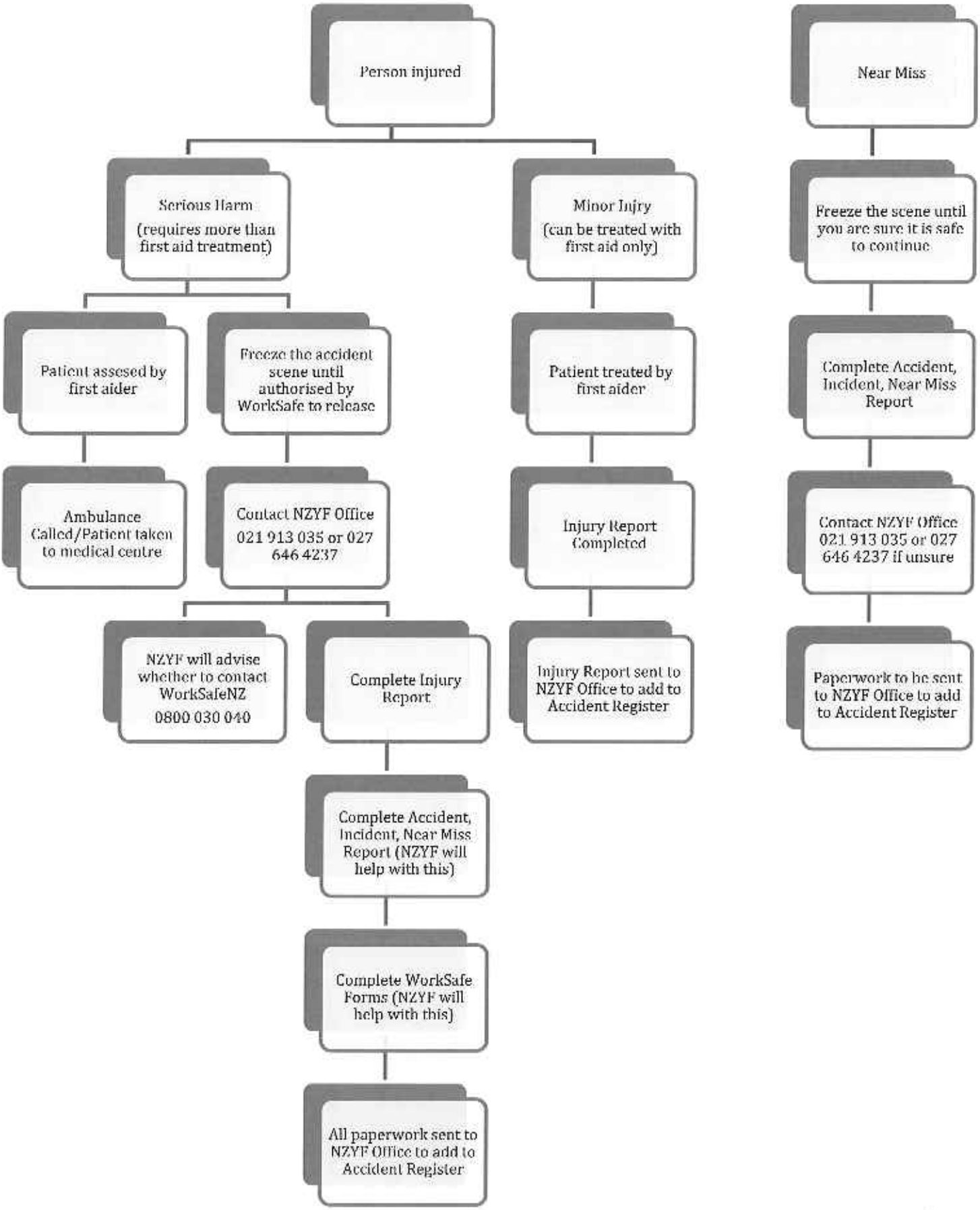
During the Event



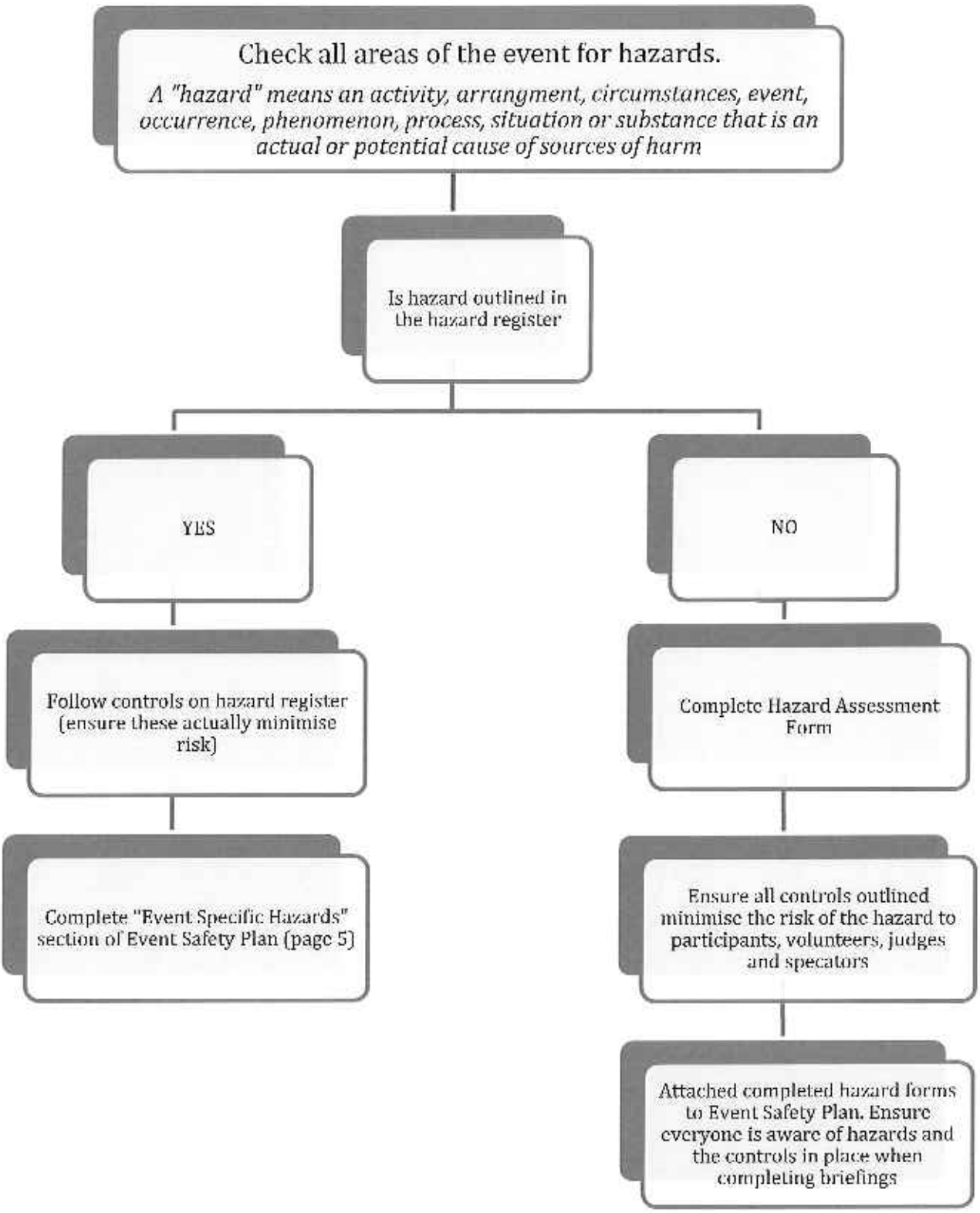
After the Event



Accident, Incident, Near Misses



Hazard Assessments



Examples

EXAMPLE

NZ YOUNG FARMERS

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: Joe
Last Name: Biggs
Phone Number: 021 234 5678
Age: 19
Sex: (Male) / Female

2. LOCATION OF ACCIDENT:

Alexandra Showgrounds.
Module # 2.

3. TASK AT TIME OF ACCIDENT:

Cutting wood

4. EXPERIENCE ON THE JOB/TASK:

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

5. TREATMENT OF INJURY:

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

6. TIME AND DATE OF ACCIDENT

Time: 9am Date: 10/08/2015

Accident reported to: Mary Ellis

7. MECHANISM OF ACCIDENT

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

Details: Chainsaw cut leg

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: Chainsaw

9. BODY PART

- ☐ Head
- ☐ Neck
- ☐ Upper limb
- ☐ Systemic (internal organs)
- ☑ Lower limbs
- ☐ Trunk
- ☐ Multiple locations

Details *e.g. right little finger.* Left leg

10. NATURE OF INJURY OR DISEASE

*** serious harm injuries are those highlighted below and must be reported to Worksafe NZ***

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

Details:

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

Room on reverse page to draw picture

Was cutting wood and chainsaw slipped cutting lower leg

12. SIGNIFICANT HAZARD INVOLVED?

☑ Yes ☐ No

If yes, Hazard Assessment JS Chainsaws

13. FULL INVESTIGATION?

☑ Yes ☐ No

If yes, At attached

14. SERIOUS HARM?

☑ Yes ☐ No

If yes, date Worksafe advised: 10/08/2015

Page 1 of 2

EXAMPLE

NZ YOUNG FARMERS	**INJURY REPORT**	NZYF/HS/003 20/11/2014

COMMENTS FROM FIRST AIDER:

Name: Mary Ellis Phone Number: 027 987 9876

Applied 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: Carolyn Bennett Signature: CBennett Position: NZYF HS Committee Chair Date: 1/08/15

Name: Signature: Position: Date:

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

Page 2 of 2

EXAMPLE

NZ YOUNG FARMERS	**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 03 215 0050
Time of incident: 9am	
District / Region: Otago/Southland	Serious Harm: (Yes) No Freeze the scene: (Yes) No Worksafe advised: (Yes) 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: line 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 Contestant did not have chaps secured correctly to leg. This left leg open to injury when chainsaw slipped
Treatment given: First aid until ambulance arrived Nil treatment / (First aider) / Doctor / (Hospital)	
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)*: ☑ Standards/practice/procedures ☑ Knowledge/training ☐ Employee selection/placement ☐ Supervision ☐ Engineering practices ☐ Personal protective equipment (PPE) ☐ Inadequate inspection/monitoring ☐ Equipment spec/purchasing ☐ Inadequate feedback systems Comments: Contestant was briefed on correct PPE to wear

Page 1 of 2

EXAMPLE

NZ YOUNG FARMERS	**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 occuring to indentify the risk rating

Risk Assessment Matrix

	Likelihood				
Most likely consequence	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	-	Fatally
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 identified, list the action taken 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	**Office Use Only**	
		Current Hazard Updated	**New Hazard Created**
Signature CBennett	**Signature** KGo	**Incident register** ✓	**Management / Board informed** ✓
Date 11/08/2015	**Date** 16/08/2015	**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.

Page 2 of 2

EXAMPLE

NZ YOUNG FARMERS	HAZARD ASSESSMENT	NZYF/HS/001 20/11/14

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):
Canterbury	Bob, Jane, Tim	

Hazard Description – *What is the hazard and an 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 indentify the risk rating.

Risk Assessment Matrix

	Likelihood				
Most likely consequence	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.

As per example

Hazard Control:
Is it practicable for the hazard to be:

Eliminated? Yes (No) **Isolated?** Yes (No) **Minimised?** (Yes) No

Page 1 of 2

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, unconciousness, major lacerations requiring stitches, crushing, major burns, obvious internal injuriesm poisoned, hospitalisation etc.

9. Event Health and Safety Plan Sign Off:

Emergency Controller Signature:	Date Signed:

NZ YOUNG FARMERS	**EVENT RULES**	**NZYF/HS/013** **24/06/2015**

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 compotent in.
17. Time pressures should not exceed safe practices at any time.
18. Fenced off areas are for restricted access only.

NZ YOUNG FARMERS	**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		

NZ YOUNG FARMERS	**EVENT INDUCTION CHECKLIST**	**NZYF/HS/014** **25/06/2015**

This checklist has been created to help you complete a concise induction of all volunteers and participants at your event. All Health and Safety resources can be found on the website: http://www.youngfarmers.co.nz/club-resources-and-templates-/

EVENT SITE ADDRESS:	
NAME OF PERSON CONDUCTING INDUCTION	
POSITION OF PERSON CONDUCTNG INDUCTION	
INDUCTION DATE AND TIME	
CONTACT PHONE NUMBER	

The following must be covered during the onsite induction

Completed (tick here)	Requirements
	1. Event Safety Plan Review – reinforce the need to comply with the Event Safety Plan and go over the Event Rules
	2. Significant Site Hazards – review the significant site hazards tht are current or will be onsite, that may affect all attendees
	3. Site Emergency Procedures and Emergency Equipment – discuss the emergency contact list, who is trained in first aid, where first aid kits and fire extinguishers are located **Accident Procedures:** 1. **Stay Calm**; 2. **Shut down** any plant or equipment; 3. **Provide First Aid** if someone is injured; 4. **Dial 111** and ask for the appropriate emergency services; 5. **Arrange** for someone to meet them at the front of site when they arrive
	4. Personal Protective Equipment (PPE) – explain the need to comply with the PPE requirements for hazards identified
	5. Restricted/No Go Areas – inform everyone where they can and can't go

	6. Accident Reporting Procedures – discuss the process and outlined the importance of reporting all accidents, incidents and near misses immediately to the Emergency Controller
	7. Site amenties – location of toilets and other amenities
	8. Weather – discuss potential weather conditions and associated hazards
	9. Children – outline the need to ensure all children are supervised at all times
	10. Any additional safety information

Once the induction is completed, please enter your details below, verify it's been completed by signing and keep all induction forms for your reference.

NAME OF PERSON CONDUCTING INDUCTION	
SIGNATURE	
DATE	

NZ YOUNG FARMERS	**VOLUNTEER DECLARATION FORM**	**NZYF/HS/006** **11/03/2016**

Event: _____

Thank you for volunteering your services for this 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 an attendee to 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 and all attendees.
- 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 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.

I acknowledge that by signing this Volunteer Declaration Form, that I have read and understand the event Health and Safety Plan and Event Rules

Yes (tick below)	NAME	SIGNATURE

NZ YOUNG FARMERS	**PARTICIPANTS DECLARATION FORM**	**NZYF/HS/007** **11/03/2016**

Event: _____

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.

I acknowledge that by signing this Participants Declaration Form, that I have read and understand the event Health and Safety Plan and Event Rules.

Yes (tick below)	NAME	SIGNATURE

NZ YOUNG FARMERS	Contest Gear Checksheet	NZYF/HS/018 07/01/2016

All equipment supplied by Contestants is to be checked by Regional Manager and/or Regional Final Committee to ensure no substandard gear, to ensure safety of contestants and spectators.

Please ensure Regional Final Equipment list is attached

Date: _____

CONTESTANT NAME	COMMENTS	SIGNATURE OF CHECKER	CONTESTANT SIGNATURE

NZ YOUNG FARMERS	SPOT CHECK H&S SHEET	NZYF/HS/017 07/01/2016

To be completed at random throughout the day to ensure hazard controls remain in place and no new hazards have been created that aren't being controlled.

Date: _____

TIME	VENUE/LOCATION	DESCRIPTION	HAZARD CONTROLS IN PLACE	SIGNED

NZ YOUNG FARMERS	**HAZARD ASSESSMENT**	**NZYF/HS/001** **11/03/16**

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):

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

	Likelihood				
Most likely consequence	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

NZ YOUNG FARMERS	HAZARD ASSESSMENT	NZYF/HS/001 11/03/16

	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:

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:			

INJURY REPORT

NZYF/HS/003
11/03/2016

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

2. LOCATION OF ACCIDENT:

3. TASK AT TIME OF ACCIDENT:

4. EXPERIENCE ON THE JOB/TASK:

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

5. TREATMENT OF INJURY:

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

6. TIME AND DATE OF ACCIDENT

Time: Date:

Accident reported to:

7. MECHANISM OF ACCIDENT

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

9. BODY PART

- ❑ Head
- ❑ Neck
- ❑ Upper limb
- ❑ Systemic (internal organs)
- ❑ Lower limbs
- ❑ Trunk
- ❑ Multiple locations

Details *e.g. right little finger*:

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

Details:

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

Room on reverse page to draw picture

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:

NZ YOUNG FARMERS	**INJURY REPORT**	**NZYF/HS/003** **11/03/2016**

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:**

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

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 Freeze the scene: Yes No Worksafe advised: Yes No Date:
Exact location of incident:	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 stock to get out, car crashed due to weather conditions and person was flung out window
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)*: ☐ Standards/practice/procedures ☐ Knowledge/training ☐ Employee selection/placement ☐ Supervision ☐ Engineering practices ☐ Personal protective equipment (PPE) ☐ Inadequate inspection/monitoring ☐ Equipment spec/purchasing ☐ Inadequate feedback systems Comments:

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

NZYF/HS/004
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RISK EVALUATION

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

Risk Assessment Matrix

	Likelihood				
Most likely consequence	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:

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