



INJURY REPORT

NZYF/HS/003
13/06/2017

Once completed this form must be submitted to NZYF National Office within 7 working days.

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: Highlight

- | | |
|--|---|
| <input type="checkbox"/> 1 st week | <input type="checkbox"/> 6 moths-1 year |
| <input type="checkbox"/> 1 st month | <input type="checkbox"/> 1-5 years |
| <input type="checkbox"/> 1-6 months | <input type="checkbox"/> Over 5 years |
| <input type="checkbox"/> Non-employee | |

5. TREATMENT OF INJURY:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Nil | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Hospitalised | <input type="checkbox"/> Doctor (Not hospitalised) |

6. TIME AND DATE OF ACCIDENT

Tim _____ Date: _____

Accident reported to:

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 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

8. BODY PART

- | | |
|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Lower limb |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Upper limb | <input type="checkbox"/> Multiple Locations |
| <input type="checkbox"/> Systemic (internal organ) | |

Details:

8. 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***

- | | |
|---|---|
| <input type="checkbox"/> Fracture of spine | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Other fractures | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Sprain or strain | <input type="checkbox"/> 3 rd degree burns |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Nerves or spinal cord |
| <input type="checkbox"/> Internal injury | <input type="checkbox"/> Puncture wound |
| <input type="checkbox"/> Amputation inc. eye | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Open wound | <input type="checkbox"/> Damage to artificial aid |
| <input type="checkbox"/> Superficial injury | <input type="checkbox"/> Disease |
| <input type="checkbox"/> Bruising or crushing | <input type="checkbox"/> Mental disorder |

Details:

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

11. SIGNIFICANT HAZARD INVOLVED?

- Yes No
If yes, Hazard Assessment No.:

12. FULL INVESTIGATION?

- Yes No
If yes, investigation report no.:

13. NOTIFIABLE EVENT?

- Yes No
If yes, date Worksafe advised:



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COMMENTS FROM FIRST AIDER:

Name:

Phone Number:

Multiple horizontal lines for handwritten notes.

SECTION TO BE COMPLETED BY NEW ZEALAND YOUNG FARMERS REPRESENTATIVES:

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

Multiple horizontal lines for handwritten notes.

Name:

Signature:

Position:

Date:

Multiple horizontal lines for handwritten notes.

Name:

Signature:

Position:

Date:

Horizontal line for handwritten notes.

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