



## INVESTIGATION REPORT

**(Includes Near Miss, Property Damage & further investigation of serious injuries)**

**NZYF/HS/004**  
**13/06/2017**

\*\*\* 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.*

<b>Type of injury:</b> (or near miss/ property damage)		<b>Object/equipment/substance inflicting injury:</b>									
<b>Injured part of body:</b>		<b>Person in control of object/equipment/substance:</b>									
<b>Date of incident:</b>		<b>Witness details:</b>									
<b>Time of incident:</b>											
<b>District / Region</b>		<b>Notifiable Event:</b> Yes   No	<b>Worksafe advised:</b> Yes   No								
<b>Exact location of incident:</b>		<b>Freeze the scene:</b> Yes   No									
		Date:									
<b>Treatment given:</b>		<b>Immediate causes</b> - 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									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;"><b>Nil treatment</b></td></tr> <tr><td></td><td style="text-align: center;"><b>First aider</b></td></tr> <tr><td></td><td style="text-align: center;"><b>Doctor</b></td></tr> <tr><td></td><td style="text-align: center;"><b>Hospital</b></td></tr> </table>					<b>Nil treatment</b>		<b>First aider</b>		<b>Doctor</b>		<b>Hospital</b>
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	<b>Doctor</b>										
	<b>Hospital</b>										
<b>Task performed at time of incident:</b>											
<b>Describe clearly how the incident occurred. Draw a diagram overleaf or attach a plan (injured person or person reporting).</b>		<b>Root causes (please indicate):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards/practice/procedures</li> <li><input type="checkbox"/> Knowledge/training</li> <li><input type="checkbox"/> Worker selection/placement</li> <li><input type="checkbox"/> Supervision</li> <li><input type="checkbox"/> Engineering practices</li> <li><input type="checkbox"/> Personal protective equipment (PPE)</li> <li><input type="checkbox"/> Inadequate inspection/monitoring</li> <li><input type="checkbox"/> Equipment spec/purchasing</li> <li><input type="checkbox"/> Inadequate feedback systems</li> </ul> <b>Comments:</b>									



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## 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	Probability				
	Almost certain	Likely	Possible	Unlikely	Rare
Extreme	10	9	8	7	6
Critical	9	8	7	6	5
Major	8	7	6	5	4
Moderate	7	6	5	4	3
Minor	6	5	4	3	2

- 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:**

**Form completed by (name):**

**Office Use Only**

**Current Hazard Updated**

**New Hazard Created**

**Signature**

**Incident register**

**Management / Board informed**

**Date**

**All action completed (date):**

### HEALTH AND SAFETY COMMITTEE TEAM MEMBER

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

Comments:

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