

INCIDENT/ACCIDENT REPORT & INVESTIGATION FORM

PARTICULARS OF ACCIDENT / INCIDENT (please circle which)

Date:	Time:	Location:
Weather Conditions <input type="checkbox"/> Fine <input type="checkbox"/> Rain <input type="checkbox"/> Wind <input type="checkbox"/> Calm <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Ice <input type="checkbox"/> Stormy <input type="checkbox"/> Sun strike <input type="checkbox"/> N/A as inside		Working Conditions <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Dust <input type="checkbox"/> Damp <input type="checkbox"/> Dark <input type="checkbox"/> Dim <input type="checkbox"/> Light <input type="checkbox"/> Bright <input type="checkbox"/> Slippery <input type="checkbox"/> Cluttered <input type="checkbox"/> Confined <input type="checkbox"/> Ice <input type="checkbox"/> Cold <input type="checkbox"/> Hot

DETAILS OF PERSON(S) INVOLVED

Name	Age	Phone Number	Race Number
Address			

DETAILS OF PERSON(S) INVOLVED

Name	Age	Phone Number	Race Number
Address			

THE ACCIDENT/INCIDENT

Description of Accident/Incident:

What Action did you take? (what consequences were enacted/was medical attention administered)

What action did any others take?

If a car was involved record the following:

Make	Registration Number:	Number of passengers:
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TREATMENT

Was medical assistance called for? Y / N	Name of First Aider:
Type of treatment given: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Taken to Hospital	
If an athlete did they continue <input type="checkbox"/> Yes <input type="checkbox"/> No	

WITNESSES - if present record names and details

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INVESTIGATION			
Analysis - What were the causes of the incident			
Immediate Causes:			
Root Cause(s):			
Contributing Factors:			
CIRCLE YES / NO		PROVIDE DETAILS	
Were the persons involved competent for task?	YES / NO		
Was there a procedure in place?	YES / NO		
Were there controls in place?	YES / NO		
Was there a breach of safety rule or procedure?	YES / NO		
Was a new hazard involved?	YES / NO		
How Bad Could it have been?		What is the Chance of it happening again?	
<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor		<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	
PREVENTION			
What action has or will be taken to prevent a recurrence? Tick items already action	✓	By Whom	When
SIGN OFF			
Incident Investigated by	Date	WorkSafe NZ Advised	Date
		YES / NO	
Manger Reviewed	Date		

Level of Investigation

		Potential of Harm/Loss			
		Slight	Serious	Major	Fatal
Likelihood of harm/loss	Unlikely				
	Possible				
	Likely				
	Certain				

Low	<p>Low Level Investigation</p> <p>The Safety Manager and/or Race Director will conduct a brief investigation into the circumstances, considering immediate underlying and root causes</p>
Medium	<p>Medium Level Investigation</p> <p>This will involve 2 or more of the following people to look for the immediate, root and underlying causes. Investigation is more detailed and can a few days.</p> <ul style="list-style-type: none"> • Race Director, • Safety Manager • Event Director, • Technical Delegate
High	<p>High Level Investigation</p> <p>This will involve the Event Director (or nominated company representative such as the CEO), Safety Manager and an External Representative (Auditor)</p> <p>The team will be led by the External Presentative and supervised by the senior members of the team. The investigation will be thorough and will source the immediate and root causes.</p>