## Incident Reporting Form

**Incidents should be reported within 7 days.   
Section A - The Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of leader** reporting incident | | | | | **Today’s Date** |
| **Person** receiving report | | | | | Date of Incident |
| **Type of  incident *(circle)*** | Accident | Personal Injury | Safety Concern | Complaint | Other |
| Names and Contacts of affected parties | | | | | |

**Section B – The Incident**

|  |
| --- |
| Incident / Issue description |
| Action(s) taken |
| Outcome(s) if known |

**Section C – The Analysis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is this type of incident (circle) | **NEW** | **OLD** | Is this type of incident | **ONE-OFF** | **ONGOING** |
| Has this type of incident been increasing? | YES | NO | Have appropriate steps been taken to address this incident? | YES | NO |
| If “NO,” what needs to be done? | | | | | |

For serious incidents, where someone needs to be admitted to hospital, WorkSafe should be notified

<https://worksafe.govt.nz/notify-worksafe/>