**Injury or Incident Investigation Form**

Name of School……………………………………………………………….

**Injury or incident details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of injury or incident: | Time: | Location: | Date reported: |

**Personal details of person involved:**

|  |
| --- |
| Name: Address:Phone number:  |

**Injury type: (Circle applicable injuries)**

|  |  |  |  |
| --- | --- | --- | --- |
| Strain/sprain | Bruising | Dislocation | Other (specify) |
| Fracture | Scratch/abrasion | Internal |
| Laceration/cut | Amputation | Foreign body |
| Burn/scald | Chemical reaction | Stress/fatigue |

**Damaged property:**

|  |  |  |
| --- | --- | --- |
| Cause of damage | Nature of damage | Type of damage |

**The injury:**

|  |
| --- |
| Describe what happened (space overleaf for diagram – essential for vehicle injuries) and briefly describe injuries. |
| What were the causes of the injury or incident? |

**How serious was the injury or incident? (Circle one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very serious | Serious | Moderate | Minor | Negligible |

**What is the risk of it happening again? (Circle one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very likely | Likely | Moderate | Unlikely | Rare |

**What action will be taken to prevent a recurrence?**

|  |  |  |  |
| --- | --- | --- | --- |
| Action: | Actioned:  | By Whom: | When: |

**Injury treatment:**

|  |  |  |
| --- | --- | --- |
| Treatment type: ie, medical, first aid | Name of person giving first aid: | Doctor or hospital (if required): |

|  |  |
| --- | --- |
| Investigator: | Date: |

|  |  |
| --- | --- |
| WorkSafe NZ advised: Yes No (Circle one) | Date advised: |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers  Worker’s Representative  Dated \_\_\_\_/\_\_\_\_/\_\_\_\_