

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety at Work Act 2015  
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

**1 Particulars of employer, self-employed person or principal:** (*business name, postal address and telephone number*)

[Insert name of NGO]
address

**2 The person reporting is:**

- an employer     a principal     a self-employed person

**3 Location of place of work:**


(*shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft*)

**4 Personal data of injured person:**

Name	
Residential address	

Date of birth

Sex (M/F)

**5 Occupation or job title of injured person:**

(*employees and self-employed persons only*)

--

**6 The injured person is:**

- an employee     a contractor (self-employed person)  
 self     other

**7 Period of employment of injured person:**

(*employees only*)

- 1<sup>st</sup> week     1<sup>st</sup> month     1-6 months  
 6 months-1 year     1-5 years     Over 5 years  
 non-employee

**8 Treatment of injury:**

- None     First aid only  
 Doctor but no hospitalisation     Hospitalisation

**9 Time and date of accident/ serious harm:**

Time  am/pm

Date  Shift     Day     Afternoon     Night

Hours worked since arrival at work

(*employees and self-employed persons only*)

**10 Mechanism of accident/ serious harm:**

- fall, trip or slip     hitting objects with part of the body

- sound or pressure
- body stressing
- biological factors
- mental stress
- being hit by moving objects
- heat, radiation or energy
- chemicals or other substances

**11 Agency of accident/ serious harm:**

- machinery or (mainly) fixed plant
- mobile plant or transport
- powered equipment, tool, or appliance
- non-powered hand tool, appliance, or equipment
- chemical or chemical product
- material or substance
- environmental exposure (e.g. dust, gas)
- animal, human or biological agency (other than bacteria or virus)
- bacteria or virus

**12 Body part:**

- head
- neck
- trunk
- upper limb
- lower limb
- multiple locations
- systemic internal organs

**13 Nature of injury or disease:**  fatal

*(specify all)*

- fracture of spine
- other fracture
- dislocation
- sprain or strain
- head injury
- internal injury of trunk
- amputation, including eye
- open wound
- superficial injury
- bruising or crushing
- foreign body
- burns
- nerves or spinal chord
- puncture wound
- poisoning or toxic effects
- multiple injuries
- damage to artificial aid
- disease, nervous system
- disease, musculoskeletal system
- disease, skin
- disease, digestive system
- disease, infectious or parasitic
- disease, respiratory system
- disease, circulatory system
- tumour (malignant or benign)
- mental disorder

**14 Where and how did the accident/serious harm happen?**

*(If not enough room attach separate sheet or sheets.)*


**15 If notification is from an employer:**

- (a) Has an investigation been carried out?  yes  no
- (b) Was a significant hazard involved?  yes  no

**Signature and date** \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

**Name and position**  
*(capitals)*



--	--	--	--