

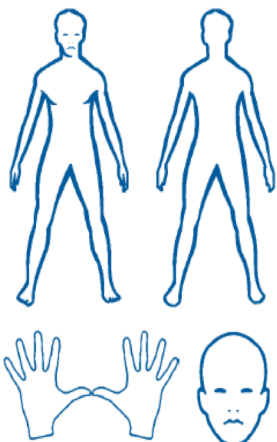


# NZIH F Accident/Incident Report



<b>Work Area / Department</b>	Time of Incident <b>hh:mm pm / am</b>	Incident Date <b>dd/mm/yyyy</b>	Injured Employee Name : <a href="#">Enter here</a>
	Time started Shift <b>hh:mm pm / am</b>	Date of Report <b>dd/mm/yyyy</b>	Date of birth <b>dd/mm/yyyy</b> :

**Discomfort/Injury Details – Body Part**



**Discomfort/Injury Type (tick)**

- Aches/pain (gradual)
- Aches/pain (sudden)
- Amputation
- Broken bone
- Bruising incl. crushing
- Burn/scald
- Chemical reaction
- Choking/suffocation
- Concussion/brain injury
- Cut (infected)
- Cut (not infected)
- Dental injury
- Dermatitis
- Dislocation
- Fatal
- Foreign body
- Eye
- Nose
- Ear
- Inhalation disease (asbestos /le
- Hearing loss (noise induced)
- Poisoning
- Strain/sprain
- Other
- Multiple injuries

**Description of Accident / Incident: (please describe your interpretation of events)**  
Enter here

**Information for Discomfort for Early Reporting:**

- When did you first notice discomfort / pain?
- Is it getting worse, better or staying the same?
- Have you had this discomfort/pain before?
- What are you doing to help relieve the discomfort/pain?
- Is there anything else you feel we should know? (note on reverse)

Root Cause(s) of Incident	Initial Control/Corrective Action Suggested Action/s	Person Responsible for completing	Date Completed	Review Completed

- Severity:**
1. Sever pain
  2. Pain
  3. Mild pain
  4. Discomfort

**Severity Scale**

- Duration**
- A. Discomfort/Pain is always present to some degree
  - B. Discomfort/pain stays after work but improves after a night's rest
  - C. Only at work
  - D. Occasional

**Duration Scale**

Is Further Investigation Required? Yes  No  (If no, please give reason):

Final Classification: Early Discomfort Incident (EDI)  / Near Miss Incident (NMI)  / First Aid Incident (FAI) Medical Treatment Incident (MTI)  / Lost Time Incident (LTI)

Team Coach sign off : \_\_\_\_\_ Date: \_\_\_\_\_  
 Team Manager sign off : \_\_\_\_\_ Date: \_\_\_\_\_

Other Sign offed by VP International :  
 Yes  No  \_\_\_\_\_ Date: \_\_\_\_\_