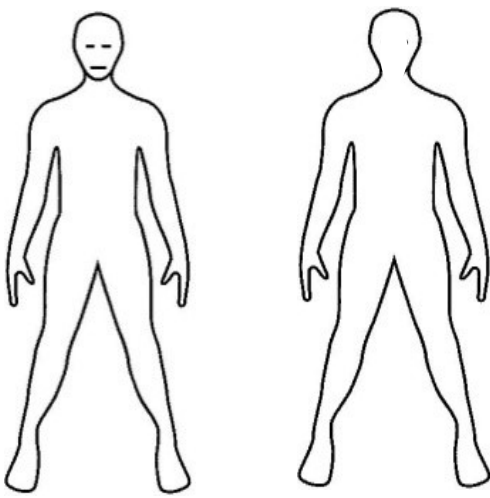


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<p>Incident types</p> <ul style="list-style-type: none"> <input type="checkbox"/> Near miss <input type="checkbox"/> Incident only <input type="checkbox"/> Environmental <input type="checkbox"/> Personal- injury/illness <input type="checkbox"/> Property-theft/loss/damage <input type="checkbox"/> Wet rescue <input type="checkbox"/> Serious harm/notifiable event 	<p>Incident involved</p> <ul style="list-style-type: none"> <input type="checkbox"/> Treatment-First aid <input type="checkbox"/> Treatment- Medical –Doctors <input type="checkbox"/> Treatment- Hospital-Outpatient <input type="checkbox"/> Treatment-Hospital-Inpatient <input type="checkbox"/> Police <input type="checkbox"/> Abuse <input type="checkbox"/> Lost work time
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<p>Body part affected</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Nature of injury</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bruising or crushing <input type="checkbox"/> Cut <input type="checkbox"/> Graze <input type="checkbox"/> Puncture wound <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Burn/chemical burn <input type="checkbox"/> Superficial injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Poisoning or toxic effects/inhalation <input type="checkbox"/> Amputation <input type="checkbox"/> Nerves or spinal chord <input type="checkbox"/> Disease <input type="checkbox"/> Mental disorder <input type="checkbox"/> Abuse-verbal <input type="checkbox"/> Abuse-physical <input type="checkbox"/> Abuse-written <input type="checkbox"/> Eye damage <input type="checkbox"/> Other – please specify
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Any other comments:

<p>The person reporting is a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Principal <input type="checkbox"/> H&S Representative 	<ul style="list-style-type: none"> <input type="checkbox"/> Family Member <input type="checkbox"/> Group / Party Member <input type="checkbox"/> Tour Operator <input type="checkbox"/> Accommodation / Hospitality Provider <input type="checkbox"/> Other... (please detail)... <p style="text-align: center;">.....</p>
	<p>Supervisor or Tour Guide present? Name:</p> <p>Witnesses if any? Names:</p>
	<p>Police involvement</p> <p><input type="checkbox"/></p>

Date:	Signed:
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INCIDENT INVESTIGATION RECORD (OFFICE USE ONLY)

Investigation needed: Y/N		
Amendments made to the hazard register needed Y/N	What:	Date:
Was the incident on DoC controlled land? <input type="checkbox"/> Yes		<input type="checkbox"/> No
Serious Harm? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Who should the results of this investigation be communicated to?

Waitaki District Council
 Mackenzie District Council
 DOC

Police/SARS
 Worksafe

Investigator:

Results of investigation:

CORRECTIVE ACTION(S)

Corrective action(s) to be taken	
By:	
Due Date:	
Completed (sign and date)	

Office use only:		
Entered into Sitesafe	Y/N	Incident No:
Entered in A20 Incident Register:	Y/N	
Serious harm notification sent to DOC	Y/N	
Date _____	Signed _____	