



Incident / Accident / Near Miss Report & Investigation Form

This form should be completed with corrective actions and submitted to NZCT within 48 hours of incident taking place

In the case of **Serious Harm** or possible **Serious Harm**, please notify the NZCT Manager as soon as possible.

1. Person(s) Involved:

Name: _____

Contact No: _____ Nationality: _____

Visitor: Employee: Contractor: Board:

2. Details of near miss / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

3. Severity:

Fatal Serious Harm Minor Harm No Harm / Near Miss

4. Treatment:

Nil First Aid Doctor Hospital

What treatment was given? _____

By Whom _____

5. Description of what happened:

6. Describe the cause of the near miss / incident / accident:

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Environmental conditions
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

7. **Has a significant hazard been identified ?** Y / N

If yes, please investigate this hazard and update the Hazard Register in your department or section accordingly

8. **Chance of the near miss, incident or accident recurring:**

One off Daily Weekly Monthly 6 Monthly +

9. **Corrective Action:** (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person reporting this incident on behalf of the trail: Name: _____

Trail: _____ Position: _____

10. **NZCT Manager's Comments:**

Signed: _____ Position: _____

Date: _____

12. **Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:**

Signed: _____ Date: _____

Send completed form to NZ Cycle Trail inc: info@nzcycletrail.com