



# ACCIDENT/INCIDENT FORM

(for children and youth)

This form should be completed by the leader of the activity at which the incident/accident occurred and filed with the Corps Officer/Centre Manager with a copy forwarded to the Divisional Youth Secretary or Divisional Children's Secretary/Director. **NOTE: If the accident involves serious harm (eg fracture, loss of consciousness, serious burn, penetrating wound of eye etc) notify the WorkSafe NZ immediately (0800 030 040), then complete the HSE5.1 and forward it on to the appropriate people.**

DETAILS			
Programme/Event Name:		Corps/Centre:	
Activity:		Leader's Name(s):	
PERSON INVOLVED			
Name:		Age:	
Phone Number:		Role: <input type="checkbox"/> Participant <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	
Address:			
TYPE OF INJURY			
<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn/scald	<input type="checkbox"/> Laceration/cut
<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal	<input type="checkbox"/> Fracture	<input type="checkbox"/> Chemical reaction
<input type="checkbox"/> Other (specify):		Injured part of body:	
PARTICULARS OF ACCIDENT/INCIDENT			
Date:		Location:	
Time:			
DESCRIPTION: Describe what happened (please use additional pages if necessary)			
CAUSE: What were the causes of the incident/accident?			
How bad could it have been?		What is the chance of it happening again?	
<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor		<input type="checkbox"/> Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Probable	
PREVENTION: What action has or will be taken to prevent a recurrence?			
		By whom:	When:
TREATMENT OF ACCIDENT/INCIDENT			
Type of treatment given:	Name of person giving first aid:	Doctor/Hospital:	
NOTIFICATION			
Parent/guardian notified (time,date, by whom):			
Name and position of person completing this report:		Signature:	Date:
HSE 5.1 form filled & submitted (see NOTE above): <input type="checkbox"/> Yes <input type="checkbox"/> No (not applicable)		WorkSafe NZ contacted (see NOTE above): <input type="checkbox"/> Yes <input type="checkbox"/> No (not applicable)	