



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:

PERSON INVOLVED	
Name:	Age:
Phone #:	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"/> Sprain/strain
<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Internal	<input type="checkbox"/> Fracture	<input type="checkbox"/> Chemical Reaction	<input type="checkbox"/> Other

PARTICULARS OF THE 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 likelihood 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 <i>What action has or will be taken to prevent a recurrence?</i>	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)
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