

Date of issue:

ACCIDENT INVESTIGATION

This form must be completed for any serious harm accident. It may also be required to be completed for any accident which has unusual circumstances or could have easily have resulted in serious harm. If you require additional space to record answers please use a separate sheet and attach to this form.

FARM NAME:	NAME OF INJURED PERSON:
JOB TITLE:	IF REPORTED TO WORKSAFE NZ FILE NUMBER:
DATE OF ACCIDENT:	TIME OF ACCIDENT:
INCIDENT DESCRIPTION:	

Injured Person Details

WHAT WERE THEY DOING JUST BEFORE THE INCIDENT?
WHAT WERE THE WEATHER CONDITIONS AT THE TIME OF THE ACCIDENT?
DID THEY KNOW THE CORRECT PROCEDURE FOR THE JOB THEY WERE DOING?
HOW EXPERIENCED ARE THEY AT THE TASK THEY WERE DOING?
HOW LONG HAD THEY BEEN WORKING AT THE TASK WHEN THEY HAD THE ACCIDENT?
WAS THE INJURED PERSON RUSHING OR IN A HURRY?
WERE THERE ANY FACTORS THAT MAY HAVE IMPACTED ON THE INJURED PERSON (PRESSURES, TIREDNESS, ETC)?
WHY DO THEY THINK THE ACCIDENT HAPPENED?
WHAT WOULD THEY DO TO PREVENT IT HAPPENING AGAIN?

ACCIDENT INVESTIGATION

Injured Person Statement

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Injured Person Statement

WERE YOU TRAINED FOR THE TASK YOU WERE DOING?
WERE YOU WEARING THE CORRECT SAFETY GEAR?
WAS THE SAFETY GEAR IN GOOD CONDITION?
DID YOU UNDERGO A POST INCIDENT DRUG TEST?
WERE YOU FOLLOWING THE RIGHT PROCEDURE FOR THE JOB?
DID YOU ASSESS THE RISKS OF THE JOB SUFFICIENTLY?
ARE THE HAZARDS INVOLVED ON THE RISKS REGISTER?

Vehicle Details

WHAT KIND OF VEHICLE/S WERE INVOLVED?
WAS THE VEHICLE BEING DRIVEN ON THE ROAD AT THE TIME OF THE ACCIDENT?
WHEN WAS THE VEHICLE LAST SERVICED?
WAS THERE ANY FAULTS ON THE VEHICLE?
WHAT TYPE OF LICENCE DOES THE INJURED PERSON HOLD?
WHAT TYPE OF TERRAIN WAS THE VEHICLE BEING DRIVEN ON?

Equipment Details

WAS THERE ANY OTHER EQUIPMENT INVOLVED?
WAS THE EQUIPMENT IN GOOD WORKING CONDITION?
WAS EQUIPMENT BEING USED CORRECTLY AND SAFELY?
WERE SAFETY GUARDS IN PLACE AND WORKING (IF APPLICABLE)?

Hazard Details

ARE ANY RISKS INVOLVED IN THIS INCIDENT ON THE RISK REGISTER?
WAS THE PERSON INJURED AWARE OF THESE RISKS?
DID THE PERSON INJURED TAKE ALL MITIGATING ACTIONS?

ACCIDENT INVESTIGATION

Diagram of accident scene

Witness Assessment

WAS THE INJURED PERSON TRAINED FOR THE TASK THEY WERE DOING?
WAS THE PERSON WEARING THE CORRECT SAFETY GEAR?
WAS THE SAFETY GEAR IN GOOD CONDITION?
DID THE INJURED PERSON UNDERGO A POST INCIDENT DRUG TEST?

Witness Statement 1

Witness Statement 2

WHAT ACTIONS HAVE OR WILL BE TAKEN TO PREVENT A RECURRENCE?		
Action:	By Who?	When?
INVESTIGATION COMPLETED BY:		POSITION:
SIGNED:		DATE:
MANAGEMENT REVIEWED:		