POWER
WATER
BLASTING
SERVICES

Power Waterblasting Services Health and Safety Policy

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Health and Safety Management Plan

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Health and Safety Policy Statement.

PWS is committed to taking all reasonable steps to prevent personal injury or damage to property in ensuring the safety of our staff and the public. All newly appointed PWS staff participate in our New Employee Induction and Training System which includes completing an approved Traffic Management Training course, along with equipment, chemical safety, personal safety, Work Safe, hazard identification and control and environmental awareness training.

Cleaning and Street Safety Check Lists and Daily Risk Analysis forms are in all vehicles and are to be completed and adhered to by all staff at all times. As a reminder to "Stop and Think Safety" we ask our valued employees to complete a "Take 5" Risk Assessment each week.

The Safety Checklists and the 'Take 5" along with scheduled Health and Safety meetings are way of supporting and reminding our staff to ensure they follow all Health and Safety Procedures.

These checklists are always and easily accessible to our staff at all times.

To date Power Waterblasting Services has an excellent Health and Safety record.

Directors Mark and Jodie Power.

Power Waterblasting Services

Health and Safety Procedure

In the interests of Health and Safety of the general public and the operating staff of Power Waterblasting Services will ensure the following measures are taken;

- All staff at all times will abide by the relevant Health and Safety at Work Act 2015 that covers their work place.
- Staff will abide by the safety checklist provided in each vehicle.
- All Power Waterblasting Services staff will be trained in the safety procedures of cleaning of the street furniture/other work sites and the general safety of the area. These will be adhered to while performing duties.
- In the event of the street furniture/work site requiring the attention beyond the cleaning/waterblasting requirements, and the site is deemed “unsafe” the staff of Power Waterblasting Services will place a caution tape/signs around at the site and will advise management as soon as possible, or if in the event of great danger to the public, will remain with the site until the relevant contractors are on site.

Staff Responsibilities

1. To read and understand the Health and Safety Policy and Procedures as per this document and to adhere to these at all times.

2. To complete an approved level 1 Traffic Management Course (TMC)

3. When deemed necessary complete an approved Height Safety Course (HSC)

4. To use and wear all safety equipment provided whilst performing their duties.

5. To follow all road set up procedures as per the Traffic Management Plan (TMP)

6. To inform management immediately of any incidents or potential dangers that may be hazardous to themselves or the general public while performing their duties.

7. To complete accident and/or incident forms as soon as possible should an incident occur and return to management as soon as possible.

Management Responsibilities

1. To ensure all staff abide by the Health and Safety Policy along with procedures set out in the TMP

2. To train all staff in the necessary Health and Safety Procedures including arranging for new staff to complete a TMC

3. To provide and keep updated with all safety clothing and equipment including vehicle compliance

4. To carry out random spot checks ensuring staff are abiding to the relevant Health and Safety act.

5. To beware of any potential hazards for the staff or public whilst performing cleaning/waterblasting /gutter cleaning services

6. To beware of any staff health and safety concerns and to act if necessary.

7. To keep up to date with new Health and Safety Regulations.

8. To identify any new hazards that may incur while cleaning/waterblasting and ensure staff are aware of these hazards.

Hazard Identification and Control

Upon arrival at street furniture/work site;

1. Check it is safe to open the vehicle door before opening and exiting the vehicle.

2. Staff to be wearing correct protective clothing (reflective jacket/clothing, safety boots, gloves, wet weather gear, safety glasses/face masks if necessary).

3. Assess the personal safety of the area.

4. If working on the road side assess road hazards (e.g. no pull-in bay, excessive road traffic, road works, clear way for road traffic, clearway for foot traffic) and apply road set up procedures as per TMP (see attachments).

5. Assess general safety of the area (e.g. ensure cleaning operations will not jeopardize own or public safety which may include drop off banks, slippery surfaces, overhead lines)

6. When onsite check the site for own and public's safety (e.g. electrical hazards, structure/surface damage at site, broken glass and general rubbish) before commencing cleaning.

7. Complete a Hazard Identification form should any new hazards be identified.

8. Complete an Accident Injury or Health and Safety Investigation Form should an injury or near miss occur.

9. If the rear door of a van is opened take care not to bang your head.

Action Plan For Emergencies
Accident and Incident Reporting

Site Damage

If there is damage at the work site and is to be a road/site hazard or danger to the public, stay at the site and contact management immediately. As soon as practically possible fill out incident form. Set up site safety plan to ensure that traffic is safe to pass though and direct foot traffic safely around site accordingly

Personal Injury

1. Apply first aid and if necessary contact emergency services as soon as possible, contact management and fill out accident form.

2. Call 111 in serious emergency

3. When appropriate the accident should be investigated to establish if the injury was avoidable.

4. Management to take appropriate steps to ensure that the accident should not re – occur.

5. Accidents that cause serious injury should be reported to Work Safe.

Staff Training

1. All staff are fully trained in all Health and Safety issues, safe operation and handling of equipment and chemicals, and road/site safety set up procedures - TMP. These are constantly monitored by management and updated when necessary.

2. All staff to attend an approved TMC and keep their qualification current

3. A Height Safety Course to be completed if applicable

4. Management / supervisors are required to instruct staff on appropriate methods in regard to Health and Safety concerns in work place situations, including usage of equipment, chemicals etc, necessary for their own Health and Safety and that of the public.

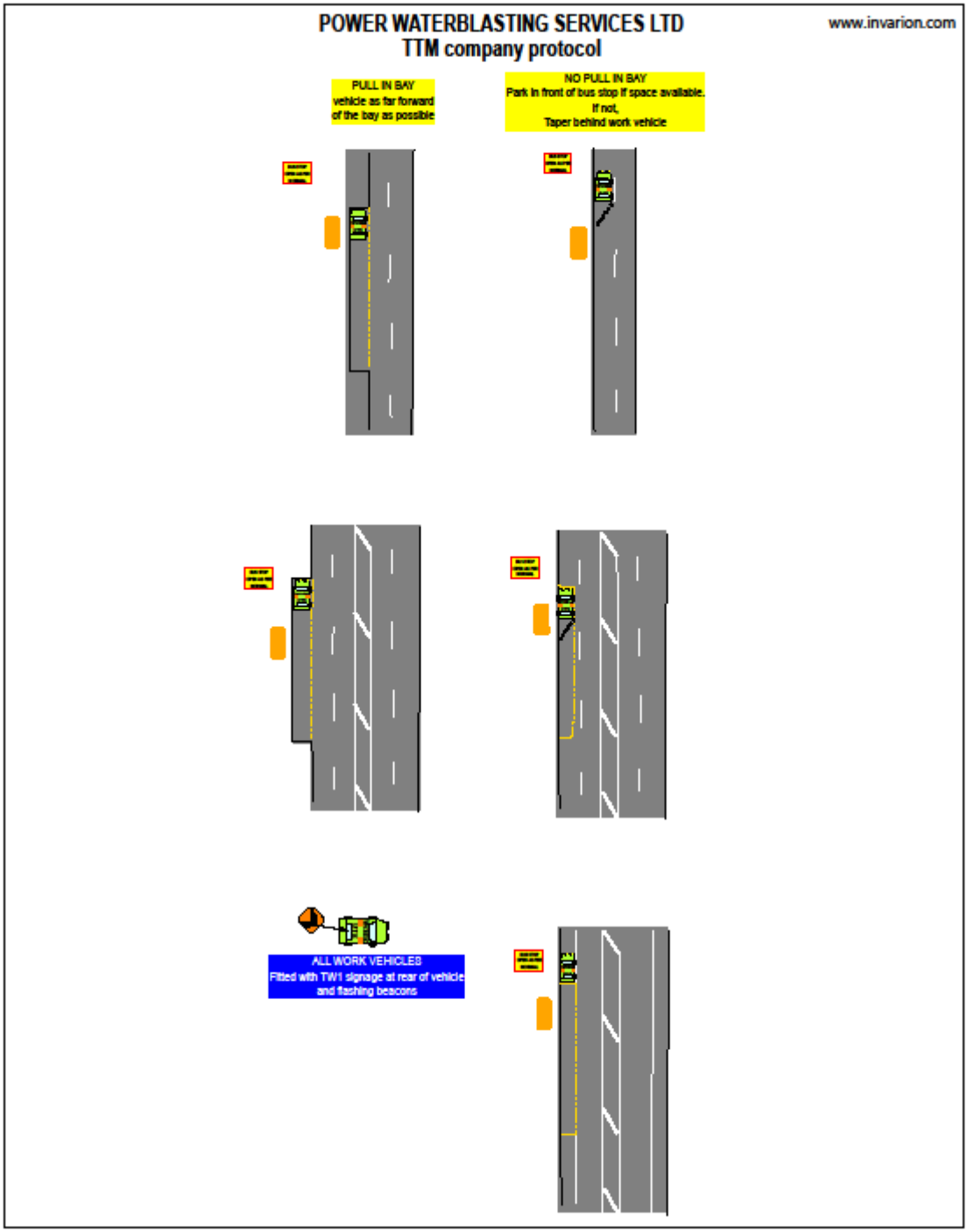
5. When necessary, staff will be given further on site training if a specific job is other than duties normally performed.

6. Regular Health and Safety meetings are held to update any new information in regard to Health and Safety issues, regulations and safe equipment use.

Work Habits and Ethics

1. **ALWAYS THINK SAFETY!**
2. Always ensure personal safety prior to commencement of work.
3. Always use all safety equipment provided, know where it is and how to use it.
4. Ensure correct TMP is set up
5. Keep work area clear of rubbish and debris promptly.
6. Use ladders safely.
7. Keep public access ways clear at all times.
8. Report all accidents, incidents and any other safety concerns to management immediately.
9. Alcohol or drugs during or prior to work hours is not permitted, instant dismissal will be implemented if this rule is not adhered to.
10. At the completion of the job ensure area is clear and secure, all equipment is stowed securely back on vehicle, do a final inspection before leaving the work site.

Attachments



COMBINED LEVEL LV & LEVEL 1 LAYOUT DISTANCES TABLE

Permanent speed limit or RCA-designated operating speed (km/h)		≤50	60	70	80	90	100
Traffic signs							
A	Sign visibility distance (m)	50	60	70	80	90	100
B	Warning distance (m)	50 or 30*	80	105	120	135	150
C	Sign spacing (m)	25 or 15*	40	50	60	70	75
Safety zones							
D	Longitudinal (m)+	10 or 5*	15	30	45	55	60
E	Lateral (m)+	1	1	1	1	1	1
	Lateral behind barrier installation	As specified by the Installation Designer					
Tapers							
G	Taper length (m)#	30	50	70	80	90	100
G	**LV roads** taper length (m)#	25	30	35	40	45	50
K	Distance between tapers (m)	40	50	70	80	90	100
Delineation devices							
Cone spacing in taper (m)		2.5	2.5	5	5	5	5
Cone spacing: Working space (m)##		5	5	10	10	10	10

* Larger minimum distances apply on all state highways and also on all multi-lane roads. The smaller minimum distances may be applied on other roads to accommodate road environment constraints.

\+ On LV roads the longitudinal and lateral safety zones may be reduced, or eliminated, in order to retain a single lane width. Positive traffic management and an appropriate TSL must be used.

\# On non-state highways with speeds 50km/h or less, a **10m taper** (with cones at 1m centres) may be used when there are road environment constraints (eg intersections and commercial accesses).

On all roads where shoulder width is less than 2.5m and the activity does not affect the live lane, a **10m shoulder taper** is permitted (with at least 5 cones at no greater than 2.5m centres).

A **taper of 30m** (with cones at 2.5m centres) **must** be used where manual traffic control (stop/go), portable traffic signals or priority give way are employed.

LV roads: double the cone spacing alongside working space (eg 5 = 10, 10 = 20).

Lane widths									
Speed (km/h)		30	40	50	60	70	80	90	100
F	Lane width (m)	2.75	2.75	3.0	3.0	3.25	3.25	3.5	3.5

Except for delineation device spacings, which are maximum values, the distances specified in the above tables are minimum values.

LV/low risk roads

Working on roads designated as LV/low-risk roads (less than 250vpd - less than 20 vehicles per hour), with clear sight distance to the operation and an operating speed of less than 65km/h:

- use an appropriate advance warning sign (static installation) and amber flashing beacon(s) on working vehicle when on the shoulder
- consider stop/go or give way control of traffic when activity encroaches onto lane.

If the above requirements cannot be achieved, the operation must be modified to comply with the requirements of a higher risk rating.

STATIC OPERATION

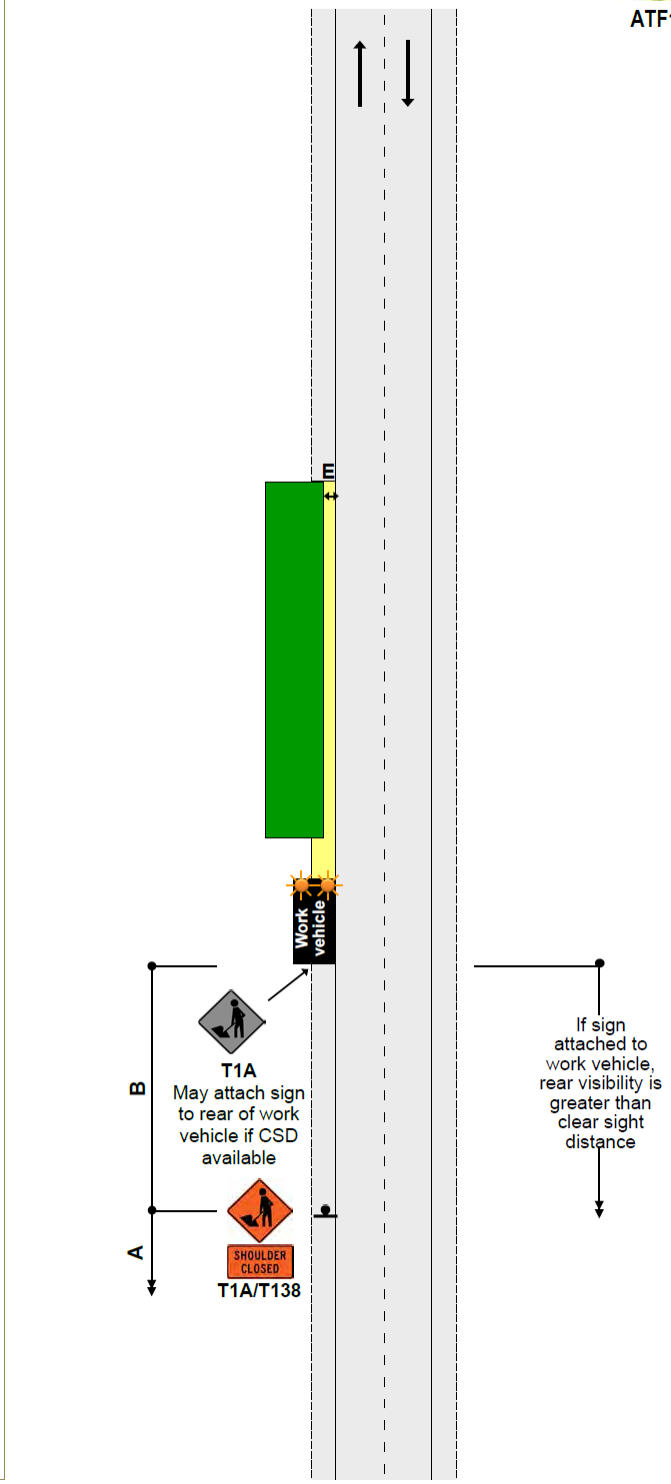
SHOULDER AND BERM - LOW VOLUME

SHOULDER CLOSURE -LOW RISK (UNDER 250vpd)

ATF1-2

Notes

1. If a static advance warning sign is installed, use sign visibility and warning distance
2. Advance warning sign may be attached to rear of a work vehicle if CSD is available
3. CSD is 3 X permanent speed in meters, or 75m on a level LV or level 1 non state highway with a permanent speed limit of less than 55km/h



Reference CoPTTM 4th Edition
Section F Drawing F1.2

STATIC OPERATION

FOOTPATH - LEVEL 1

FOOTPATH DIVERTED ONTO THE BERM BEHIND WORK SPACE

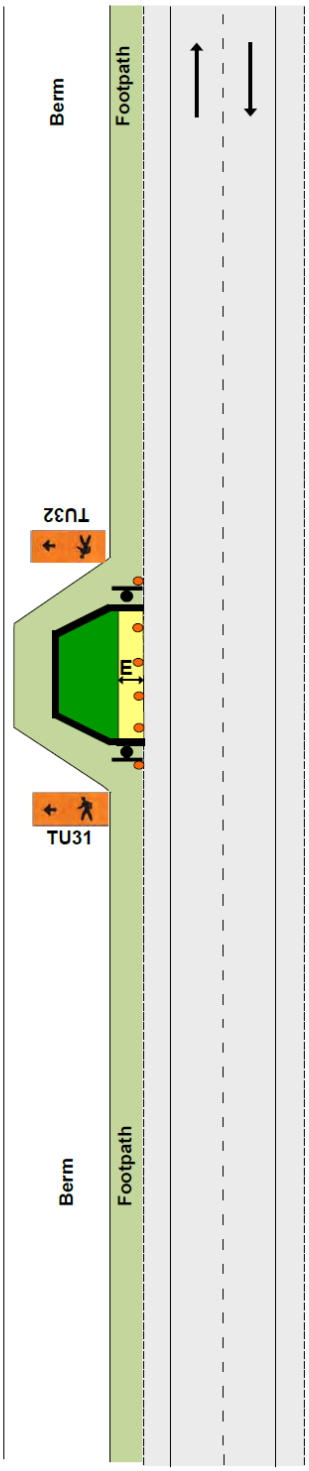
FIRST PREFRENCE

ATF2-1

Notes

1. Minimum pedestrian footpath widths:
   - Residential/Rural - 0.9m
   - Suburban Centre - 1.2m
   - CBD - 2m
2. Where the length of the temporary footpath exceeds 20m, these widths may have to be increased so footpath users do not have to wait to pass
3. Temporary footpath surfaces must be suitable for footpath users
4. Use safety fence to enclose the working space, or at **attended** worksites, cones connected with cone bars can be used to enclose the working space but only for a short period of time

   Note: Cone bars are not recommended where heavy equipment (eg a digger) is being used. A safety fence is preferred in these cases
5. This TMD must be used in conjunction with appropriate TTM for any work carried out on the shoulder or in the live lane



Reference CoPTTM 4th Edition
Section F Drawing F2.1

STATIC OPERATION

SHOULDER AND ROADSIDE ACTIVITIES - LEVEL 1 AND LEVEL 2LS

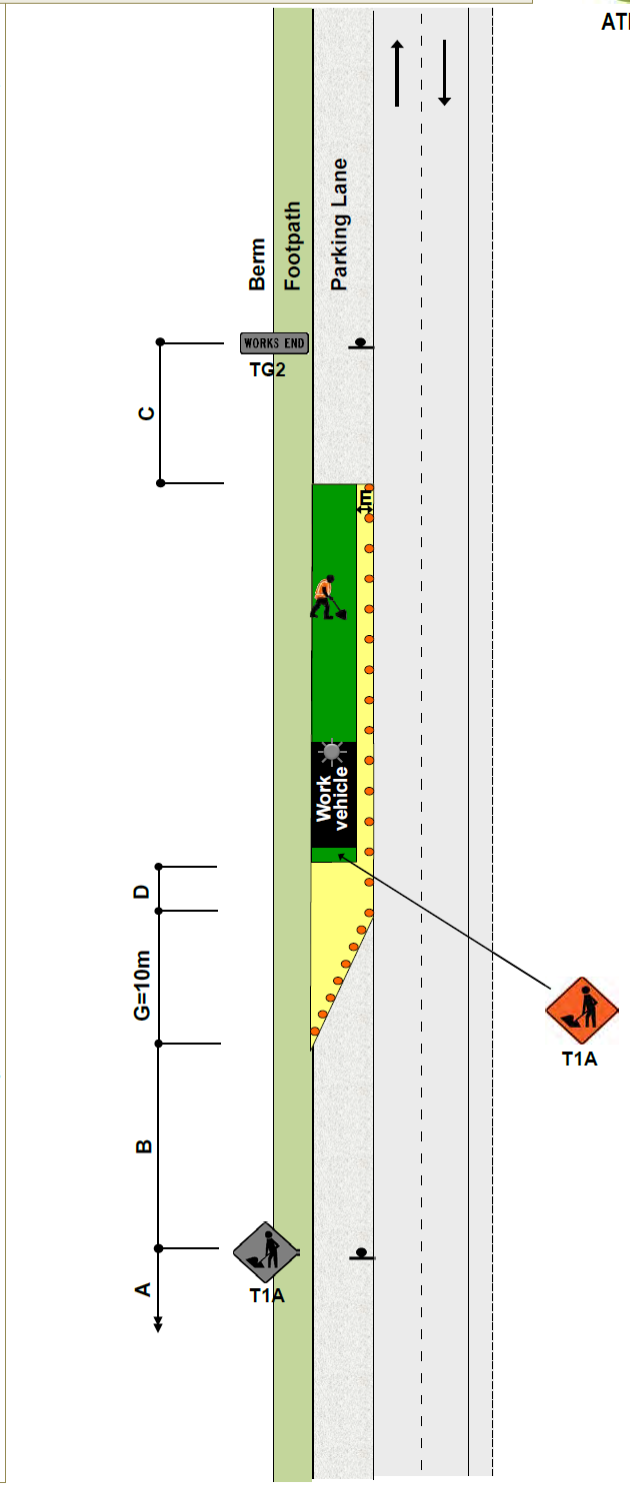
WORK IN PARKING LANES

PERMENANT SPEED LESS THAN 65KM/H

ATF2-6

Notes

1. Where work is carried out in the legal parking lane (a place where a vehicle would normally park with a footpath and/or kerb and channel alongside), the following minimum standard of TTM must be provided:
   - a 10m taper in front of the work vehicle
   - cones alongside the work vehicle and the working space
   - a longitudinal safety zone
   - a 1m lateral safety zone along the working space
   - a T1A (or other appropriate advance warning sign) mounted on the back of the work vehicle
2. T1A road works and TG2 WORKS END signs are optional
3. The work vehicle must be no larger than a light truck and may have an amber flashing beacon
4. Traffic management must be provided where footpath users or cyclists are affected
5. This layout may only be used during daylight hours
6. Large plant and machinery must not be used in this situation, a more substantial closure is required



Reference CoPTTM 4th Edition
Section F Drawing F2.6

Power Waterblasting Services Ltd
New Staff Cleaning & Safety Check List

Training staff please ensure you tick each box to show you have completed each task

Safety

- Before you start make sure you have shown new staff correct & safe use of water blaster/equipment. □
- Road safety set up e.g. cones – flashing orange lights – hazards on – leave vehicle running. □
- Check for any hazards around shelter e.g.- electrical- broken glass- shelter loose in ground- not safe to clean due road works close by. □
- Place foam water collection mat on ground in some instances, explain why this is done. □

Cleaning

- Remove all graffiti & flyers tape etc. before cleaning. □
- Carry out appropriate cleaning procedure □
- Remove any rubbish from shelter. □□
- Final walk around (DOUBLE CHECK). □

Light Box Cleaning

- Show how to open light boxes using different keys. □
- Explain & demonstrate how to clean them. □
- Make sure when closing door poster is sitting correctly (no dog ears, etc.). □

Important extras

- WHEN USING GEAFFITI REMOVER PROTECTIVE EYE WEAR & GLOVES MUST BE WORN. □

I have shown (New Staff) _____ all the above & satisfied he has a full understanding of the safety & cleaning procedures.

Training Staff sign & date below:

_____

New Staff member: I_____ have a full understanding of PWS safety & cleaning procedures.

New Staff sign & date below:

_____

Power Waterblasting Services Ltd

Staff Street Safety and Hazard Check List:

All Staff are to wear company safety clothing and use equipment provided.

- U**pon arrival at work site all staff are to abide to the following checks:**

1- Check it is safe to open the vehicle door before opening and exiting the vehicle.
2- Illuminate hazard lights and orange flashing safety lights if works are on the road side, display appropriate warning signage and cones as per TMP
3- If no pull-in bay or excessive traffic set out orange warning cones as per TMP
4- Assess traffic and any road/site hazards.
5- If rear door opened take care not to bang your head.
6- Assess general safety of the area and people around.
7- Check site for any electrical hazards, broken glass etc.

Use of Equipment:

When using graffiti remover or other chemicals ensures gloves and safety glasses are worn.
When using a ladder ensure it is stable and safe before climbing.
Always use water blaster and any other machinery, as shown, in a safe correct manner.

Staff Contact Phone Numbers:

Mark Power	021 709509
Michael Herbert	021 887474
Mark or Jodie home	483 2507
Jodie	0274 399960
Auckland Council Pollution hotline	377-3107
Adshel	0800 237 435
IN AN EMERGENCY CALL	**111**

N.B: IN THE EVENT THAT THE SITE IS NOT SAFE PLACE CAUTION TAPE/SIGNS AROUND SITE REPORT TO PWS

Hazard Identification: report immediately any identified hazards or potential hazards to Mark, Michael or Jodie

I_____ have read and understood and agree to abide by the Health & Safety Document, Environmental & Road Set Up Procedures set by Power Waterblasting Services.

Signed_____ Date_____

NEW EMPLOYEE HEALTH AND SAFETY MANAGEMENT INDUCTION RECORD

NAME: DATE:

POSITION:

EMPLOYEE SIGNATURE:

TOPIC	INDUCTOR	EMPLOYEE INITIALS
Company Health and Safety Policy explained, consequences if not adhered to, people to contact with designated H&S responsibilities		
Employer/Employee legal Health and Safety management duties explained; i.e. incident reports etc Specific management responsibilities of the employee explained i.e. referral to H&S doc, Road Safety doc, TMP set ups, other documentation to be completed		
Existing Hazards systematically identified to the employee, road safety, machinery use, chemical use, personal safety		
Explanation of identifying and reporting hazards.		
Emergency Procedures explained, refer Emergency Actions and Staff Street Safety Checklist		
Provision of personal protective clothing and equipment; Explain use of, when and how to use it, maintenance of it, report if faulty, lost or needs replacing.		
Accident/Incident reporting, including near-miss, procedures and forms explained		
When and where to obtain H&S information/advice		
Other Health and Safety matters/concerns		

Employee Training Record

Name: Date Employed:
Previous Experience/Qualifications:

Training Commencement:
Training Review/Refresher Date:

Date	Training Provider	Type/Description of Training	Completed	Comments
		Health and Safety - look at H&S policy, show attachments, other documentation - explain the importance of H&S to our customers - explain that it is in the contract to adhere to all H&S and TMP procedures		
		Environmental Procedures - explain importance of compliance - explain that non-compliance may result in being fined direct and is also a breach of the contract - show Environmental Commitment Policy and explain they will need to sign it - show how and when to use and where to place water absorbency/stop devices		
		On site arrival - hazard/flashing lights on, caution signs out as per TMP - environmental set up as required - safety clothing, work boots on - ensure personal safety-undesirable people, road and site hazards/works		
		Road Safety, traffic set-up, road safety awareness, site safety - explain what the TMP's are and when/how to set up - explain use of cones hazard and flashing lights - safety vest/clothing requirements explain use of cones signage if at site for a long period of time		
		Chemical use/safety – gloves, goggles, Council hotline if large spill or other contamination issues.		
		Vehicle/Waterblaster/SkyVac correct and safe use, maintenance - where all oil, water and filters are and when to clean, fill etc - awareness of starter light for diesel engines - road user mileage and warrant to be checked regularly - safety filling w/b with petrol		
		Light box cleaning, poster hanging – explain and demonstrate light box cleaning and poster hanging procedures and safety when the light box is open. Show where isolating switch is.		
		Cleaning Procedures: - explanation and demonstration of cleaning procedures - Pure Water Cleaning		

		- Chemwash - Gutter Cleaning - Waterblasting		
		Product use – safe and correct use use of - citrus remover - use of cut and polish / polish - use of scouring pads - touch up painting - use of graffiti remover / wipes - safe and correct use of all house-washing chemicals and detergents		

HAZARD IDENTIFICATION AND CONTROL

Date: Location:

Hazard	Potential Harm	How to Eliminate Actions Taken	How to Isolate Actions Taken	How to Minimize Actions Taken

Health & Safety Checklist for New Employees

Employee Name: _____

Start Date: ____/___/_____ Supervisor/Manager: _____

Keep the completed checklist on file and give a copy to the employee

H&S Checklist	Date completed	Review Date	Signature / Comments
Employee has been shown: € Where the emergency exits are located € Where the fire extinguishers are. € The evacuation procedure. € Where the first aid kit is. € Who first aiders are _____ (names). € The assembly area _____ (name of area). € Emergency wardens_____ (name of warden).			
Employee knows: € Responsibilities of employees. € Who the Health & Safety Officers are _____ (names). € Where Health & Safety information is kept.			
Hazards outlined: € All hazards relevant to the employee's role have been advised of, as well as hazards around the workplace that may affect the employee. € All hazards are explained and discussed with the employee. € The controls for these hazards are explained and discussed. € A list of these hazards has been given to the employee for them to keep*. € How to report hazards. € Where records of hazards are kept. € Safe work procedures. *See Hazard's Explained to New Employee sheet (Downloads panel) for an example of this.			
Specific job explained: € How to do the job safely including use of safety clothing and equipment. € The safety signs and what they mean. € How to safely use/store and maintain safety equipment, and hazardous materials that are relevant to the role.			
Employee knows how to report: € Injuries € Near-hits/near misses € Early signs of discomfort € Incident/injury forms are kept _____			

I confirm that the details in this checklist have been explained to me

Employee's signature:_____ Date_____

INJURY/INCIDENT FORM

Event No: _____

Injured Person's Name:

Injured Person's Address:	**Injured Person's Date of Birth:**
Particulars of employer, principal or self-employed: (Business name, postal address and telephone number)	**Location of place of work:** (Shop, shed, unit no., floor, building, street nos. and names; locality / suburb, or details of vehicle, ship or aircraft)

Gender: ☐ Male ☐ Female Injury Time _____ Injury Date _____

Shift: ☐ Day ☐ Afternoon ☐ Night

Injured person is: ☐ An employee ☐ A contractor ☐ Other ☐ Self

Employees only (Period of employment) → ☐ 1st week ☐ 1st month ☐ 1-6 months ☐ 6 months-1 year ☐ 1-5 years ☐ Over 5 years

EVENT DETAILS

(TICK ONE)

Event type
- ☐ Near miss
- ☐ Injury
- ☐ Illness

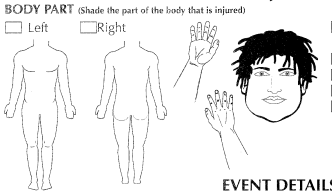
Severity of event
- ☐ Minor (First Aid less than one day off work)
- ☐ Moderate (Doctor and/or 1-5 days off work)
- ☐ Serious (See "Serious Harm" definition)
- ☐ Potentially Serious
- ☐ Unknown at this stage

Treatment details
- ☐ None
- ☐ First aid
- ☐ Nurse
- ☐ Physio
- ☐ Doctor
- ☐ Hospital
- ☐ Other providers

INJURY

BODY PART (Shade the part of the body that is injured)

☐ Left ☐ Right



INJURY TYPE (TICK ONE)
- ☐ Aches/Pain (gradual/sudden)
- ☐ Bruising (minor)
- ☐ Burn/Scald
- ☐ Chemical reaction
- ☐ Cut (infected/ not infected)
- ☐ Dental injury
- ☐ Dermatitis
- ☐ Foreign body
- ☐ Strain/Sprain
- ☐ Other
- ☐ Serious harm (Complete Serious Harm Form at back of Register)

Was there a significant hazard involved? Yes ☐ No ☐

EVENT DETAILS

What happened?

What do you think caused or contributed to the event?

Have you completed an Investigation? Yes ☐ No ☐

Please sign and date this form when you have completed it.

Name: _____ Title: _____ Contact number: _____

Signature: _____ Role in event: _____ Date: _____

SERIOUS HARM FORM

Notify and send to OSH (MSA or CAA where applicable)

1 Particulars of employer, principal or self-employed: (Business name, postal address and telephone number)

Name _____

Address _____

Phone _____

2 The person reporting is:

☐ an employer ☐ a principal ☐ a self-employed person

3 Location of place of work:

_____

(Shop, shed, unit no., floor, building, street nos. and names; locality / suburb, or details of vehicle, ship or aircraft)

4 Personal data of injured person:

Name _____

Residential address _____

Phone _____

Date of birth _____ Sex (M / F) _____

5 Occupation or job title of injured person: (employees and self-employed persons only)

_____

6 The injured person is:

☐ an employee ☐ a contractor (self-employed person)

☐ self ☐ other

7 Period of employment of injured person: (employees only)

☐ 1st week ☐ 1st month ☐ 1–6 months

☐ 6 months–1 year ☐ 1–5 years ☐ Over 5 years

☐ Non-employee

8 Treatment of injury:

☐ None ☐ First-aid only ☐ Doctor (but no hospitalisation)

☐ Hospitalisation

9 Time and date of serious harm:

Time _____ am / pm Date _____

Shift ☐ Day ☐ Afternoon ☐ Night

Hours worked since arrival at work (employees and self-employed persons only) _____

10 Cause of serious harm:

- ☐ Fall, trip or slip
- ☐ Sound or pressure
- ☐ Body stressing
- ☐ Biological factors
- ☐ Mental stress
- ☐ Hitting objects with part of the body
- ☐ Being hit by moving objects
- ☐ Heat, radiation or energy
- ☐ Chemicals or other substances

11 Agency of serious harm:

- ☐ Machinery or (mainly) fixed plant
- ☐ Mobile plant or transport
- ☐ Powered equipment, tool or appliance
- ☐ Non-powered handtool, appliance/or equipment
- ☐ Chemical or chemical product
- ☐ Material or substance
- ☐ Environmental exposure (e.g. dust, gas)
- ☐ Animal, human or biological agency (not bacteria or virus)
- ☐ Bacterial or virus

12 Body part:

☐ Head ☐ Neck ☐ Trunk

☐ Upper limb ☐ Lower limb ☐ Multiple locations

☐ Systemic (internal organs)

13 Nature of injury or disease: (specify all)

☐ Fatal

- ☐ Fracture of spine
- ☐ Other fracture
- ☐ Dislocation
- ☐ Sprain or strain
- ☐ Head injury
- ☐ Internal injury of trunk
- ☐ Amputation, incl. eye
- ☐ Open wound
- ☐ Superficial injury
- ☐ Bruising or crushing
- ☐ Foreign body
- ☐ Burns
- ☐ Nerves or spinal cord
- ☐ Occupational hearing loss
- ☐ Puncture wound
- ☐ Poisoning and toxic effects
- ☐ Multiple injuries
- ☐ Damage to artificial aid
- ☐ Disease, nervous system
- ☐ Disease, musculoskeletal
- ☐ Disease, skin
- ☐ Disease, digestive system
- ☐ Disease, infectious or parasitic
- ☐ Disease, respiratory system
- ☐ Disease, circulatory system
- ☐ Tumour (malignant or benign)
- ☐ Mental disorder

14 Where and how did the serious harm happen?

You may complete **Investigation Form** and attach to this form, or describe the event on another sheet of paper.

15 If notification is from an employer:

(a) Has an investigation been carried out? Yes / No

(b) Was a significant hazard involved? Yes / No

Completed by:

Name and position (capitals) _____

Signature _____ **Date** _____

Contact Number _____

OSH occupational safety & health service

CAA CIVIL AVIATION AUTHORITY OF NEW ZEALAND

KEEPING YOUR SEA SAFE FOR LIFE. Maritime Safety

ACCIDENT INVESTIGATION FORM

WORKSAFE NEW ZEALAND

Name of organisation:

Branch/department:

1. Particulars of Accident

Date of accident: DD / MM / YEAR

Time:

Location:

Date reported: DD / MM / YEAR

2. The Injured Person

Name:

Address:

Date of birth: DD / MM / YEAR

Phone number:

Length of employment – at plant: on job:

Type of injury:

- ☐ Bruising ☐ Dislocation ☐ Strain/sprain
- ☐ Scratch/abrasion ☐ Internal ☐ Fracture
- ☐ Amputation ☐ Foreign body ☐ Laceration/cut
- ☐ Burn/scald ☐ Chemical reaction
- ☐ Other: (specify injured part of body)

Comments:

3. Damaged Property

Property or material damaged:

Nature of damage:

Object/substance causing damage:

4. The Accident

Description:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

☐ Minor ☐ Serious ☐ Very serious

How often is this likely to happen again?

☐ Never ☐ Rarely ☐ Occasionally ☐ Often

WSNZ_1316_MAR17

WORKSAFE NEW ZEALAND
PO Box 165, Wellington 6140
0800 030 040 www.worksafe.govt.nz

New Zealand Government

Incident Report

Date: **Operator:** **Approximate time:**

Site Address:

• Description of incident – including diagrams
Summarize the event

• Contributing factors if any
Consider environmental factors, equipment, people factors

• Information details
What information has been collected about the incident i.e. notes, photos, witnesses, observations

• Immediate corrective actions
What immediate actions took place

• Preventative actions

• Action Plan
What changes will be made, who approves, them, who need to know about them

Action assigned to: **Does a hazard report need to be completed:**

Date action is due: **Date action completed:**

• Employee signature: