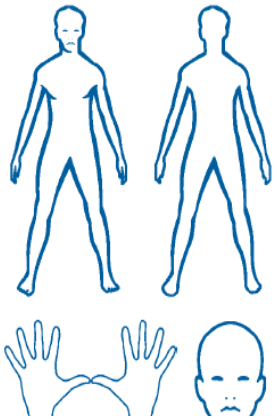
INCIDENT REPORTING PRFA100

Department & Location	Time of Incident: Time started Shift:	Incident Date: Date of Report:	Injured Employee Name :
Type of Incident	☐ Injury ☐ Change ☐ Hazard ☐ Incident ☐ Illness ☐ Near Miss ☐ Complaint ☐ Equipment Damage ☐ Vehicle Accident ☐ Discomfort /Early Reporting ☐ Positive Feedback ☐ Fire Related Incident		
Treatment	☐ Nil ☐ First Aid ☐ Doctor ☐ Hospital		

EMPLOYMENT STATUS (tick appropriate box) Permanent ☐ Fixed Term ☐ Contractor ☐ Other ☐ (please state)

Discomfort/Injury Details – Body Part



Discomfort/Injury Type (tick)

- ☐ Aches/pain (gradual)
- ☐ Aches/pain (sudden)
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruising incl. crushing
- ☐ Burn/scald
- ☐ Chemical reaction
- ☐ Choking/suffocation
- ☐ Concussion/brain injury
- ☐ Cut (infected)
- ☐ Cut (not infected)
- ☐ Dental injury
- ☐ Dermatitis
- ☐ Dislocation
- ☐ Fatal
- ☐ Foreign body
  - ☐ Eye ☐ Nose ☐ Ear
- ☐ Inhalation disease (asbestos / lead)
- ☐ Hearing loss (noise induced)
- ☐ Poisoning
- ☐ Strain/sprain
- ☐ Other
- ☐ Multiple injuries

Severity:

1. Sever pain
2. Pain
3. Mild pain
4. Discomfort

Severity Scale _____

Duration

A. Discomfort/Pain is always present to some degree
B. Discomfort/pain stays after work but improves after a night's rest
C. Only at work
D. Occasional

Duration Scale _____

Description of Event: (please describe your interpretation of events)

Incident Notification:

☐ Zone Manager Notified

☐ PRFA Chief Executive Notified

☐ Stakeholder PCBU Notified

☐ Work Safe NZ – Notifiable Event

Signature of Person Reporting Incident: _____ Date: _____