

Incident Report Sheet – Mountains to Sea Conservation Trust

Part A | Programme coordinator to complete

Information about the person who had the incident

Name: _____ Coordinator/Participant/Contractor/Volunteer (please circle)

Contact Telephone: Work: _____ Mobile: _____ Home: _____

What type of incident was it? (please circle one)

Near Miss Accident Equipment Damage Other:

What is the incident's severity rating?

Incident Severity Scale

Severity ranking 3 + need to have an incident form completed. Severity ranking 6 + need to be reported to Worksafe

Severity Ranking	Impact on participation	Injury	Illness	Social or Psychological damage	Environmental damage	Equipment damage	
1	Minor/ short term impact on individuals without a large effect on participation in activity	Splinters, insect bites, stings	Minor irritant	Temporary stress or embarrassment	Littering	Minor cost	
2		Sunburn, scrapes, bruises, minor cuts	Minor cold, infection, mild allergy	Temporary stress or embarrassment with peers	Minor damage to environment that will quickly recover	>\$50	
3		Blisters, minor sprain, minor dislocation. Cold/ heat stress	Minor asthma, cold, upset stomach, etc	Stressed. Beyond comfort level. Shown up in front of the group.	Scorched campsite, plant damage	>\$100	
4	MEDIUM IMPACT on individual/s that may prevent participation in the activity / programme for a day or two.	Lacerations, frostnip, minor burns, mild concussion mild hypo/ hyperthermia Sprains & hyper-extensions, minor fracture	Mild flu, migraine	Stressed, wants to leave activity, a lot of work to bring back in.	Burnt shrubs, cut live branches, washed group dishes in stream, etc	>\$500	
5			Flu, food/hygiene related diarrhoea/ vomiting	Distressed, freezes on activity, requires 'emotional rescue', does not want to participate again.	Walked through sensitive ecological area destroying some plant life, toileting close to water course	>\$2000	
6	MAJOR IMPACT on individual/s that means they cannot continue with large parts of the activity/ trip/ programme.	Hospital stay < 12 hours fractures, dislocations, frostbite, major burn, concussion, surgery, breathing difficulties moderate hypo/ hyperthermia Hospital stay > 12 hours e.g., arterial bleeding, severe hypo/ hyperthermia, loss of consciousness	Medical treatment required, hospital stay < 12 hours e.g., serious asthma attack, serious infection, anaphylactic reaction	Very distressed, leaves activity and requires on site counselling, unwilling to participate in activity ever again.	Destroyed/ killed some example of flora/fauna	>\$8000	
7			Hospital stay > 12 hours e.g., infection or illness causing loss of consciousness, serious medical emergency	Therapy/ counselling required by professional	Killed, destroyed or polluted small area of environment	>\$20,000	
8	LIFE CHANGING effect on individual/s or death.	Major injury requiring hospitalisation e.g., Spinal damage, head injury	Major illness requiring hospitalisation e.g., heart attack	Long term counselling/ therapy required after incident	Killed example of protected species	>\$50,000	
9			Single death	Single death	Post-traumatic stress disorder, changed profession because of incident, Suicide because of incident	Fire or pollution etc resulting in area of wilderness being destroyed Major fire or pollution causing serious loss of environment or life	>\$250,000
10			Multiple fatality	Multiple fatality			>\$1,000,000

When did the incident happen?

Date: _____ **Time:** _____

Where did the incident happen?

Location: _____

What kind of activity was happening at the time? <i>(eg snorkelling, walking, stream investigation)</i>		
What happened? <i>(attach an additional page if need be)</i> Description:		
Was a known high or extreme rated hazard involved? <i>(refer to hazard ID please circle one)</i> YES NO If YES – what was the hazard? If NO – is this a new hazard to report?		
Names of any witnesses: <i>(include witness contact information for serious harm incidents)</i>		
What injury or injuries were sustained? <i>(write N/A if not applicable)</i> Body Part Injured: <i>(please indicate which side of the body e.g. right or left)</i> Type of Injury: <i>(e.g. break or sprain)</i> Is this a serious harm injury? E.g. Grade 6 or above on severity scale <i>(please circle one)</i> YES NO If YES , WorkSafe NZ and skills active Outdoors Mark must be notified immediately	What treatment was given? <input type="checkbox"/> First Aid <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage therapy <input type="checkbox"/> Doctor (GP) <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency services <input type="checkbox"/> Other	
Declaration: The above report provides a true, accurate and complete account of the accident / incident / near miss		
_____ Coordinator Name <i>(please print)</i>	_____ Signature	_____ Date

Part B: (Programme director or national coordinator to complete with team member involved)

<p>What (in your opinion) was the underlying cause?</p> <p>Why did this occur?</p>	<p>Hazard Identification:</p> <p>New Hazard Identified: YES NO</p> <p>Significant: YES NO</p> <p>If YES identify the hazard management process to be done eg: update hazard register and put in recommended actions below</p>
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Recommended Actions		Person responsible for this	By when	Date completed
<p>Has the Hazard Management Process been undertaken?</p> <p style="text-align: center;">YES NO (please circle)</p>	<p>What has been done?</p>			
<p>Is a review of the Safety Management System required?</p> <p style="text-align: center;">YES NO (please circle)</p>	<p>Which part?</p>			

Other Recommended Actions - Specific actions to prevent recurrence	Person responsible for this	By when	Date completed

Communications	Person responsible for this	By when	Date completed
<p>All relevant staff members have received information regarding the incident, changes of operation / procedures.</p>			

<p>If serious harm has occurred, have WSNZ / MNZ/CAA (as relevant) reporting procedures been followed? <i>(please circle)</i></p> <p style="text-align: center;">YES NO</p> <p>Have internal reporting systems been followed? eg: <i>Coordinators, Health and Safety Committee, Trustee board</i> <i>(please circle)</i></p> <p style="text-align: center;">YES NO</p> <p>Has the incident been reviewed by top management? <i>(please circle)</i></p> <p style="text-align: center;">YES NO</p>	<p>Overall comments (once investigation complete): eg: <i>Health and Safety committee review actions</i></p>
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<p>_____</p> <p>Poutokomanawa/Co- director name <i>(please print)</i></p>	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>
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