Climate Action Campus Cowlishaw Street

Accident / Incident Register Form

<table>
<tr><th colspan="4">This form must be completed by the kaimahi in charge of the group visiting the Climate Action Campus</th></tr>
<tr><td rowspan="3">Particulars of Accident/Incident</td><td>Time of Accident</td><td colspan="2">Date of Accident</td></tr>
<tr><td>Address of Accident</td><td colspan="2">Reported Date</td></tr>
<tr><td>Hours worked since arrival at work</td><td colspan="2">Occupation/Job Title</td></tr>
<tr><td rowspan="4">Personal Details</td><td>Name:</td><td>Date of Birth:</td><td>Sex: Male/Female</td></tr>
<tr><td colspan="3">Volunteer Group Name:</td></tr>
<tr><td colspan="3">Residential Address:</td></tr>
<tr><td>Phone Number:</td><td colspan="2">Email Address:</td></tr>
<tr><td rowspan="2">Injury/Effects Details</td><td colspan="3">Nature of Injury (cut, bruise, strain, burn etc):</td></tr>
<tr><td colspan="3">Body Part(s) Injured:</td></tr>
</table>

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	Treatment: (First Aid, A&E, Doctor/Physio)	
Description of Accident/Incident	**What were you doing at the time of the accident?**	
	Describe how the accident happened:	
	Describe any equipment/substances involved:	
	Was there any damage to the above? Yes/No If yes, what?	
The above section was completed by:	**Name:**	**Date:**
	Position:	**Signature:**

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For the Deputy Director of the Climate Action Campus, or delegate to complete			
Investigation to be completed by the Climate Action Campus	**Hazard(s) identified:**		
	What controls are in place?		
	Additional hazard controls required?		
	Was the hazard significant? Yes/No	**Hazard Register Update required? Yes/No**	
Action required for new controls:	**Person responsible:**	**Date to be completed**	**Signature when completed:**
This section was completed by:	**Name:**	**Date:**	
	Position:	**Signature:**	

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