**Person affected (or their manager):**

1. **Immediately:** Report immediately (by phone) any [Notifiable Event](https://auti.aut.ac.nz/peoplehealthsafety/hse/Documents/Notifiable%20Event%20Definition.pdf) or where there was potential for notifiable event by phone to your Manager and to the Director Safety, Health and Wellbeing.
2. **Within 24 hours of incident** - please download and fill in the Section A and then scan and send to hsw@aut.ac.nz (Health and Safety admin) and to your Manager, Supervisor Or Lecturer.
3. **Within 2 weeks after the incident** - Manager, Supervisor Or Lecturer fill in Section B and return whole form to hsw@aut.ac.nz (Health and Safety admin).
4. Keep copies of this form with the Faculty/Division & the employee.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A****REPORTING PERSON’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **PRINT Name**: | **Date of birth**:  | **Sex**: |
| **Position**: | **Faculty / School or Department or Contractor**: |
| **Contact phone**: | **Email**: |
| **Reporting person’s Manager / Supervisor / Lecturer** **PRINT Name: …………………………………………………………………………………………….. Phone: ………………………………………………** |

 |
| **EVENT DETAILS & QUICK FIX**

|  |
| --- |
| **Date of event:…………………………… Time of Event…………………………………..****Place of event:** (Room # or Location) ..………………………………………………………………………………………………………………………….**Campus Site or Address**: ...................………………………………………………………………………………………………………………….………… |
| **In a SENTENCE describe the Incident using the format of the** *incident***,** *subject* **and the** *consequence****.*** [ For example only - A slip (*incident*) by a student (*subject*) resulting in a twisting ankle (*consequence*) ]…………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………..**WITNESS DETAILS** (IF ANY)NAME: ….…………………………………………………………………………………………..…………………… PHONE …………………………. NAME: ………………………………………………………………………………………………..…………………… PHONE ………………………….**QUICK FIXES: ……………………………………………………………………………………………………………………………………………………….**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Mark the injury details:** (if applicable) |
|  |

 |
| **Section B – Managers / Supervisors / Lecturers** |
| **INCIDENT IS INVESTIGATED. ROOT CAUSES ARE ESTABLISHED AND CORRECTIVE ACTION IDENTIFIED?**  **YES INCOMPLETE,** estimated completion date is**: ……………………………….****THIS WAS A NOTIFIABLE EVENT (**See AUTi HSW webpage on how to report an incident**)** **YES NO****This incident harmed (**tick multiple boxes if necessary) **Single Person Multiple People No-one Environment Building or Vehicle****THE OUTCOME FOR THE INJURED PERSON(S) WAS:** **Lost Time Day(s) Off Work Multiple Persons with different Outcomes** **Medical treatment by a Health**  **professional (GP, Hospital, Ambulance) No Treatment or First Aid**  **Restricted Work (**NO lost time, person given light duties or alternative work whilst rehabilitating)   **Person requires a return to work rehabilitation plan?**  |
| **Signature name and date of supervisor:** |
| **Signature name and date of Head of School or Section:** |