**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](mailto: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](mailto:hsw@aut.ac.nz) (Health and Safety admin).
4. Keep copies of this form with the Faculty/Division & the employee.

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| **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:** |