ORCHARD INCIDENT/NEAR-MISS REPORT

In case of an emergency:

- **Contact emergency services: 111**
- **Call Worksafe: 0800 030 040**

-

Personal Details:

NAME:			PHONE NUMBER:	
ADDRESS:			DATE OF BIRTH:	
SEX:	Male ☐	Female ☐		

Employment Details:

ORCHARD NAME:		JOB TITLE:	
Permanent ☐	Casual ☐	Contractor: ☐	Visitor: ☐

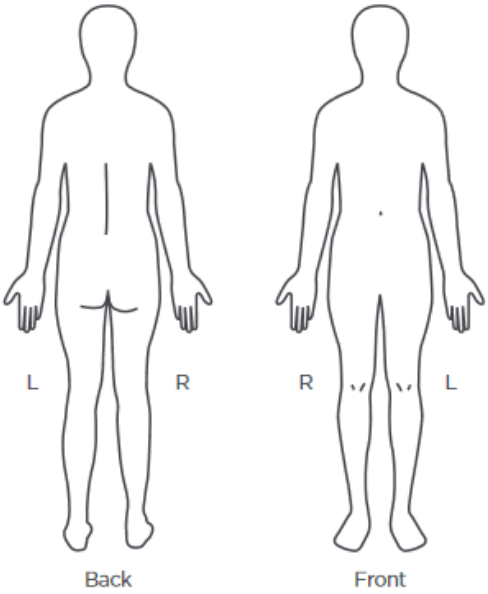
Accident Details:

DATE:	Near-miss ☐	No treatment ☐	First Aid: ☐	Doctor: ☐	Hospital: ☐	Serious Harm: ☐
TIME:	am ☐	pm ☐	Hours at work:		Date reported:	

Nature of injury:

☐ Strain/sprain	☐ Cut	☐ Head injury	☐ Fracture/break
☐ Gradual process	☐ Bruising	☐ Burns	☐ Poison/chemical
☐ Multiple injuries	☐ No injury		

Location of injury: (circle location)



Where did the accident happen?

How did the accident happen?

Was the person trained for the task they were doing?	Yes	No

If a vehicle was involved, record the type of vehicle	

Was a significant risk involved?	Yes	No

If yes, what was the significant risk?	

Is the risk on the risk register?	Yes	No

What harm COULD have happened?	
Steps taken to prevent a similar occurrence again?	

Specific Actions Required	Person Responsible	By when?	Date completed

Initial needs assessment (only complete if a doctor's visit was required)

☐ Able to continue full duties	☐ Able to do light duties	☐ Unable to work
☐ Help available at home	☐ Help required at home	☐ Transport help needed

Form completed by			
NAME:		POSITION:	
SIGNED:		DATE FORM COMPLETED:	