

**New Zealand Miniature Horse Association Inc.**



**HEALTH & SAFETY PROGRAMME**

**FOR**

**NEW ZEALAND MINIATURE HORSE  
ASSOCIATION INC. AND AFFILIATED  
CLUBS**

**APPENDIX III**

**Accident Reporting and  
Investigation Form**

**New Zealand Miniature Horse Association Inc.**  
**Accident Reporting and Investigation Form**

**New Zealand Miniature Horse Association Inc./Affiliated Club:**

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Date of Accident:
Description of Accident: Include who was involved and brief details of what happened
What Type of Injury was Sustained:
Details of any Property Damage:
Investigation Details to Establish Main Cause of Accident: How was the investigation conducted what areas did it review, who was involved in the investigation process
Hazard Control Process: Describe if hazard is already on the hazard register checklist or if it is a new hazard.
Corrective Action: Detail what will be done from here to prevent such an accident occurring again.
Signed to Verify Actions Have Been Taken:
Signature: _____ Date: _____

## Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992  
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

**1 Particulars of employer, self-employed person or principal:** *(business name, postal address and telephone number)*


**2 The person reporting is:**  
 an employer    a principal    a self-employed person

**3 Location of place of work:**


*(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)*

**4 Personal data of injured person:**

Name  
Residential address


**Date of birth**

**Sex (M/F)**

**5 Occupation or job title of injured person:**  
*(employees and self-employed persons only)*

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**6 The injured person is:**

an employee    a contractor (self-employed person)  
 self    other

**7 Period of employment of injured person:**  
*(employees only)*

1<sup>st</sup> week    1<sup>st</sup> month  
 1-6 months    6 months-1 year  
 1-5 years    Over 5 years  
 non-employee

**8 Treatment of injury:**

None    First aid only  
 Doctor but no hospitalisation    Hospitalisation

**9 Time and date of accident/ serious harm:**

Time  am/pm

Date  Shift  Day    Afternoon    Night

Hours worked since arrival at work  
*(employees and self-employed persons only)*

**10 Mechanism of accident/ serious harm:**

fall, trip or slip    hitting objects with part of the body  
 sound or pressure    being hit by moving objects  
 body stressing    heat, radiation or energy  
 biological factors    chemicals or other substances  
 mental stress

**11 Agency of accident/ serious harm:**

machinery or (mainly) fixed plant  
 mobile plant or transport  
 powered equipment, tool, or appliance  
 non-powered handtool, appliance, or equipment  
 chemical or chemical product  
 material or substance  
 environmental exposure (e.g. dust, gas)  
 animal, human or biological agency (other than bacteria or virus)  
 bacteria or virus

**12 Body part:**

head    neck    trunk  
 upper limb    lower limb    multiple locations  
 systemic internal organs

**13 Nature of injury or disease:**  fatal

*(specify all)*

- fracture of spine
- other fracture effects
- dislocation
- sprain or strain
- head injury system
- internal injury of trunk
- amputation, including eye
- open wound system
- superficial injury parasitic
- bruising or crushing system
- foreign body system
- burn
- nerves or spinal chord
- puncture wound
- poisoning or toxic effects
- multiple injuries
- damage to artificial aid
- disease, nervous system
- disease, musculoskeletal system
- disease, skin
- disease, digestive system
- disease, infectious or parasitic
- disease, respiratory system
- disease, circulatory system
- tumour (malignant or benign)
- mental disorder

**14 Where and how did the accident/serious harm happen?**

*(If not enough room attach separate sheet or sheets.)*


**15 If notification is from an employer:**

- (a) Has an investigation been carried out?
  - yes
  - no
- (b) Was a significant hazard involved?
  - yes
  - no

<b>Signature and date</b> _____ / ___ / ___
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<b>Name and position</b> <i>(capitals)</i>
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