

CYCLING SOUTHLAND

Accident/Incident Report Form

Employer details									
Business Name: Cycling Southland									
Postal Address: 22 Surrey Park Rd, Invercargill 9840									
Contact Person (Manager or Health and Safety Coordinator): Chris Foggin									
Telephone Number: (03)2199325									
Rider details:									
Name: Phone number:									
Date of Birth: Email address:									
Address:									
Incident/Accident details:									
Date of Incident:				Classification:		Yes	No		
Time of Incident:	(am/pm)			Racing accident					
Date Reported:			Near miss/hit						
Reported to:				Medical treatment injury					
Person in Charge:				Lost time injury					
Location of Incident:				Journey incident					
				Dangerous event					
				Property damage					
Equipment involved:				Environmental incident					
1 1						ı			
Was motor vehicle involved	? Yes	No							
							,		
Head:	Elbows:			TYPE OF INJURY (advised by employee):					
Back	// (\	Right		□ Strain/sprain□ Laceration	□ Bruise □ Sprain/s	strain			
Neck: Left	101 7 161	Forearms: Left		□ Electric shock	□ Burn/sc				
Right		Right		□ Fracture	□ Foreign				
Shoulders:		Ankles: Left		☐ Amputation	□ Disloca				
Right 🗍 N	~ ^	Right		□ Abrasion□ Superficial injury	□ Concus □ Open w				
Back: Upper	\	Feet: Left		□ Shock	□ Insect b				
Mid		Right		□ Tissue damage	□ Internal	injury			
Lower Knees:		Hands: Left		□ Poison	□ Disease				
Left	111001	Right		☐ Superficial injury☐ Multiple injuries	□ Other (s	specify)			
Right		Fingers:		□ Head injury					
Treatment Type: ☐ First aid	□ Aml	bulance	_	☐ Medical Centre	[Hosp	ital		
Treatment Details:			Treatme	ent provider:					
Incident Type:									
□ Cycle race crash	□ Ergonomic			☐ Component/equipment failure					
□ Fall, slip or trip	□ Repetitive movement		□ Prolonged exposure to noise						
☐ Falling object	☐ Contact with heat/cold			□ Over exertion – personal energy					
☐ Struck by moving object☐ Striking moving object	□ Caught in or between□ Contact with object		□ Exposure/contact with substance□ Exposure to sharp sudden sound						
□ Mental stress □ Contact with energy source			е	□ Other:					

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Incident details: (Describe the events leading up to the incident – Where and How the accident happened)							
If not enough room, please attach separate sheet(s)).						
Witnesses Name:	Position:	Contact Number:					
Notifiable Incident?: ☐ Yes ☐ No							
All "serious harm" to be reported to the General Manager immediately Ph 021 400 776 prior							
to informing WorkSafe NZ on 0800 03	0 040 (Within 24 hours of incident)						
A Notification of a Notifiable Incident Form must be completed							
	maet de completed						
Recommended Preventative Action:	(General Manager to complete Accident Invest	tigation Form)					
□ Changes to induction training	□ Equipment machinery maintena	nce					
□ Equipment/machinery modification□ Job redesign	☐ Change to work environment						
□ Change to ongoing training	□ Other preventative action:						
□ Change to work procedure							
□ Component/equipment failure							
Investigation Outcome – An Accident Investigation Form may need to be completed							
<u> </u>							
Supervisor/Manager	Do						
Supervisor/Manager: Date / / (Name and position in capitals please)							
(and position in depitate please)							

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(For all incidents, regardless of whether there was an injury, this form must be emailed to janine.smail@cyclingsouth.org.nz)