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|  | **LANDSAR INCIDENT REGISTER**   |
| **Type of incident:** | Injury (inc. fatality)  |[ ]  Property damage |[ ]  No physical loss (near miss) |[ ]
| **Person reporting incident:** | **Date of incident:** |
|  |  |
| **Your role at the time of the incident:** | **Time of incident:** |
|  |  |
| **Your email, LandSAR ID and contact number:** | **Date reported:** |
|  |  |
| **Brief description of the activity, location and the role of any affected/injured persons:** |
|    |
| **Person in control:** | **Tasking number:** |
|  |  |
| **Briefly describe what happened and the immediate treatment/emergency response:** |
|    |

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| **Injured Person Details (if more than one person injured, complete separate forms for each)** |
| **Name of injured person:** | **LandSAR ID number:** |
|  |  |
| **Address:** | **Sex and date of birth:** |
|  |  |
| **Email and phone number:** | **Start time:** |
|  |  |

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| **Record the nature of the injury (✓ as appropriate)** |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FrontBack | **Injury details** | **Consequence of injury** |
|  |[ ]  Unknown |[ ]  Unknown |
|  |[ ]  Bruising |[ ]  Seriously harmed |
|  |[ ]  Crushing |[ ]  Unable to continue |
|  |[ ]  Cut |[ ]  Continue restricted duties |
|  |[ ]  Fracture |[ ]  Medical treatment |
|  |[ ]  Sprain/Strain |[ ]  First aid |
|  |[ ]  Graze |[ ]  No treatment required |
|  |[ ]  Eye injury | Consequence details: |
|  |[ ]  Poisoning |  |
|  |[ ]  Burn |  |
|  |[ ]  Amputation |  |
|  |[ ]  Hypothermia |  |
|  |[ ]  Other (give details): |  |
|  | **LANDSAR INCIDENT REGISTER**   |
| **Initial Investigation** (to be completed by Team Leader or person in charge) |
| **Provide more detail on what happened:** |
|  |
| **List the names of the people involved:** |
|  |
| **What hazards were involved and what was being done to guard against them?:** |
|    |
| **What do you think the main causes of this accident/incident were?:** |
|    |
| **What could be done to reduce the chances of something similar happening in future?:** |
|  |

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| **Corrective Actions** |
| **Detail the action to be taken to recover from this incident and to prevent a recurrence:** |
|    |
| **List any additional training, equipment or other resources required:** |
|    |
| **Person(s) responsible for any corrective actions:** |  |
| **When should they be completed by:** |  |

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| **Signed by:** |
| **Team Leader/Person in control:** |  | **Date:** |  |
| **For LandSAR NZ:** |  | **Date:** |  |

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| **PLEASE SEND THIS COMPLETED FORM TO: safety@landsar.org.nz** |