|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **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:** | | | | | | | | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| **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:** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record the nature of the injury (✓ as appropriate)** | | | | | |
| Front  Back | | **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?:** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **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:** |  |

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

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