



# Notice of accident / serious harm

Check that the details on this copy are complete and forward it to your nearest OSH office

DEPARTMENT OF  
**LABOUR**  
TE TARI MAHI

## 1 Particulars of employer: (Business name and address)


## 2 Location of place of work:


Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

## 3 Personal data of injured person:

Name	
Residential address	

Date of birth  Sex (M/F)

## 4 Occupation or job title of injured person:

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## 5 Period of employment of injured person:

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

## 6 Treatment of injury:

- Nil       First-aid       Doctor (not hospitalised)  
 Hospitalised

## 7 Time and date of accident/serious harm:

Time  am/pm

Date

Shift  Day       Afternoon       Night

Hours worked since arrival at work

## 8 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

Completed by: Employer or employer's representative (delete which is not applicable)

Name and position  Signature  Date

## 9 Agency of accident/serious harm:

- Machinery or (mainly) fixed plant  
 Mobile plant or transport  
 Powered equipment, tools or appliances  
 Non-powered handtools, appliances and equipment  
 Chemical or chemical products  
 Material or substance  
 Environmental agency  
 Animal, human or biological agency (not bacteria or virus)  
 Bacterial or virus

## 10 Body part:

- Head       Neck       Trunk  
 Upper limb       Lower limbs       Multiple locations  
 Systemic (internal organs)

## 11 Nature of injury or disease: (specify all)

- Fatal
- Fracture of spine       Puncture wound  
 Other fractures       Poisoning and toxic effects  
 Dislocation       Multiple injuries  
 Sprain or strain       Damage to artificial aid  
 Head injury       Disease, nervous system  
 Internal injury of trunk       Disease, musculoskeletal  
 Amputation, incl. eye       Disease, skin  
 Open wound       Disease, digestive system  
 Superficial injury       Disease, infectious or parasitic  
 Bruising or crushing       Disease, respiratory system  
 Foreign body       Disease, circulatory system  
 Burns       Tumour (malignant or benign)  
 Nerves or spinal cord       Mental disorder  
 Occupational hearing loss

## 12 Where and how did the accident/harm happen?

If not enough room, attach separate sheet or sheets

See attached sheet

## 13 Has an investigation been carried out?

Was a significant hazard involved? Yes/No

Yes/No  
Yes/No

# OSH Branch Addresses

## **MANUKAU**

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Manukau  
PO Box 63010  
Papapotoetoe South  
AUCKLAND

Phone: (09) 277-7415  
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## **WHANGAREI**

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PO Box 141  
WHANGAREI

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## **WEST AUCKLAND**

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5 Pinot Lane  
Massey  
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AUCKLAND

Phone: (09) 833-5651  
Fax: (09) 833-5157

## **PENROSE**

638 Great South Road  
Penrose  
PO Box 11177  
Ellerslie  
AUCKLAND

Phone: (09) 525-0268  
Fax: (09) 525-0372

## **NORTH HARBOUR**

5 Argus Place  
Glenfield  
PO Box 33790  
Takapuna  
AUCKLAND

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## **HAMILTON**

93 Collingwood Street  
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HAMILTON

Phone: (07) 838-1381  
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## **ROTORUA**

First Floor  
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1231 Haupapa Street  
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## **ROTORUA**

Phone: (07) 347-9656  
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## **TAURANGA**

Durham Court  
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PO Box 66  
TAURANGA

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## **PALMERSTON NORTH**

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PALMERSTON NORTH

Phone: (06) 359-1919  
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## **NEW PLYMOUTH**

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NEW PLYMOUTH

Phone: (06) 758-0516  
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## **NAPIER**

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PO Box 546  
NAPIER

Phone: (06) 835-7017  
Fax: (06) 835-7102

## **WELLINGTON**

Fifth Floor  
Ballantrae House  
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WELLINGTON

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## **LOWER HUTT**

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LOWER HUTT

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## **NELSON**

60 Vickerman Street  
PO Box 5079  
PORT NELSON

Phone: (03) 546-8180  
Fax: (03) 546-8136

## **CHRISTCHURCH NORTH**

Carter House

81 Lichfield Street  
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CHRISTCHURCH

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Fax: (03) 365-2616

## **DUNEDIN**

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INVERCARGILL

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## **HEAD OFFICE - CNS<sup>3</sup> WELLINGTON**

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62 - 66 The Terrace  
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## **OSH WEB SITE ADDRESS**

<http://www.osh.dol.govt.nz>

