



CYC WAIHOLA

Location: 70 Finlayson Road, Waihola
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Accident Reporting Form

- All fields marked with * are required fields
- All incidents on the Incident Severity Table found in the SMP that are level 3 and above will be reported on the National Incident Database (NID) and incidents level 6 and above are reported to Worksafe as well
- All incidents are kept on file in the CYC Waihola office.
- All incidents must be reported to the Operations Manager on the appropriate form and kept on file.
- All forms must be completed as soon as possible (preferably within 24 hours) after the incident occurring

Incident Details

Group Name*	
Date of Incident*	
Time of Incident*	

Victim Details *(please note multiple victims names if applicable)*

Victim Name*	
Victim's Date of Birth*	
Victim Gender*	Male / Female
Nature of injuries* <ul style="list-style-type: none">• please specify type of injuries sustained if any	

Incident Summary

Location of Incident*	
Activity Category* <ul style="list-style-type: none">• what type of activity or work was occurring when incident took place	
List those present:* <ul style="list-style-type: none">• please provide names of all supervision present and note any qualifications if applicable• please note the numbers of other participants present	
What happened?* <ul style="list-style-type: none">• please provide as much detail as possible	
What caused the incident?* <ul style="list-style-type: none">• please provide your opinion as to why the incident occurred	

PLEASE TURN OVER

Environmental Conditions

Precipitation • Circle one	Inside / Clear skies / Overcast / Fog / Drizzle / Light Rain / Heavy Rain / Snow
Temperature • Circle one	Less than 0°C / 0°C – 10°C / 10°C – 20°C / 20°C – 30°C / Over 30°C
Wind Speed • Circle one	Inside / No wind / Breezes / Light Winds / Strong Wind / Very Strong or Gail-force Winds

After the Incident

What happened afterwards?* • please provide details of what happened after the incident	
Outside Agencies Involved • Please specify if there any outside agencies involved in the incident?	
Follow up Treatment* • Please specify if there was any follow-up treatment needed	
Equipment Used* • Please specify what equipment (if any) was in use at the time • Note if it was damaged	

Signatures

Supervisor Signature	
CYC Operations Manager Signature	

CYC OFFICE USE ONLY

Incident Severity Scale	1	2	3	4	5	6	7	8	9	10
NID Report Posted	Yes / Not required						Required for all level 3 accidents/incidents and above			
WorkSafe Notification	Yes / Not required						Required for all level 6 accidents/incidents and above			
Parents notified	Yes / Not required / Not applicable									
Recommended Policy or Procedural Changes										