

INJURY/INCIDENT INVESTIGATION FORM

This form is to be completed by AFL New Zealand Employees or Volunteers who are injured or involved in a near miss or harmful incident while at work. Near misses and minor harm incidents should be reported within 48 hrs and serious harm incidents must be reported immediately to your Regional Coordinator or Event manager

| INJURY / INCIDENT DETAILS: | | | |
|---|----------------|--|--|
| Date of injury/incident: | Location: | | |
| Time: | Date reported: | | |
| Event / Programme | | | |
| Incident Type: (Circle) Near Miss Injury Illness | | | |

| PERSONAL DETAILS OF WHO WAS INJURED | |
|-------------------------------------|---------------|
| Name | Phone Number: |
| Email | Age / D.O.B |
| Address | |

| YOUR DETAILS | |
|--------------|---------------|
| Name | Phone Number: |
| Email | |

| Other Staff / Volunteers present | |
|----------------------------------|---------------|
| Name | Phone Number: |
| Email | |
| Name | Phone Number: |
| Email | |

| INJURY TYPE (Circle) | | | |
|----------------------|-------------------|----------------|---------------------|
| Strain/sprain | Bruising | Dislocation | Choking/Suffocation |
| Fracture/Broken Bone | Concussion | Internal | Aches/Pain |
| Laceration/cut | Amputation | Foreign body | Multiple Injuries |
| Burn/scald | Chemical reaction | Stress/fatigue | Other (specify) |

| DAMAGED PROPERTY: | | | |
|-------------------|------------------|----------------|--|
| Cause of Damage | Nature of Damage | Type of Damage | Does an insurance claim need to be made? Yes / No |
| | | | |

| INJURY / INCIDENT DETAILS: | |
|--|--|
| What happened? (draw diagram if needed) and briefly describe what happened: | |
| What actions do you think need to be taken to avoid this type of incident happening again? | |

| TREATMENT DETAILS: | |
|--------------------|-------------------------------|
| Treatment type: | Who gave first aid? (Name) |
| Doctor/hospital | |

Employee/Volunteer Signature Name

Dated