

NOTIFICATION OF A DEATH OR A NOTIFIABLE INJURY OR ILLNESS



Use this form to notify WorkSafe New Zealand of a notifiable event ie an injury, illness or death to a person(s), as required by section 56 of the Health and Safety at Work Act 2015 (the Act)

Did you know you can save time by completing this form online, [click here](#)

Notifier details

Are you making this notification as a: <small>(See the last page of this form for descriptions of these terms)</small>		<input type="radio"/> PCBU	<input type="radio"/> Other
Title:	Last name:		
First name:		Middle names:	
Phone number:		Mobile number:	
Postal address:			
Town/city:		Postcode:	
Email:			

Details of event

Date of event: <small>(dd/mm/yyyy)</small>	Time of event: <small>(e.g. 2:20pm)</small>
Event address:	
Town/city:	Postcode:
Provide a description of what happened:	
Confirm that the site has been preserved, as required by section 55 of the Act: <input type="checkbox"/>	
Have you notified any other agency?	<input type="radio"/> Yes <input type="radio"/> No
Notified agency name:	
Notified agency phone number:	

NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH

Injury Details:

Have multiple people been injured?

Yes (complete and attach one copy of this page per person) No

Nature of Injury

Select all applicable (If the event you are attempting to notify us of does not appear in this list, then notification is not required and this form cannot be used):

<input type="checkbox"/> Death	<input type="checkbox"/> Amputation of any body part
<input type="checkbox"/> Serious head injury	<input type="checkbox"/> Serious eye injury
<input type="checkbox"/> Serious burn	<input type="checkbox"/> Separation of skin from underlying tissue (scalping or degloving)
<input type="checkbox"/> Spinal injury	<input type="checkbox"/> Loss of bodily functions
<input type="checkbox"/> Serious lacerations	<input type="checkbox"/> Injury or illness that requires (or would usually require) immediate hospital admittance
<input type="checkbox"/> Injury or illness that requires (or would usually require) medical treatment within 48 hours of exposure to a substance	<input type="checkbox"/> Serious infection (incl occupational zoonosis)
<input type="checkbox"/> Other injury or illness declared notifiable by regulations	

Body part(s) affected

Select all applicable:

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Trunk
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input type="checkbox"/> Systemic internal organs

Injury description

Briefly describe the injury:

Treatment attempted:

Not known First aid only Doctor (not hospital) Hospitalisation

I have attached any supporting information (photographs or diagrams).
(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)

Injured/III person details

Family/surname:	Given names:
Date of birth:	Gender:
Residential address:	
Town/city:	Postcode:
Injured person's phone number:	
Affected person type:	
<input type="radio"/> Contractor (self-employed)	<input type="radio"/> Worker <input type="radio"/> Other
How many hours had the person been at work when the incident occurred:	

NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH

PCBU Details

Legal entity name: <i>(the name that is used on official legal documents)</i>		
Trading name: <i>(if different to legal name)</i>		
New Zealand Business Number (NZBN): <i>(if applicable)</i>		
Industry:		
<input type="radio"/> Accommodation and Food Services	<input type="radio"/> Administrative and Support Services	<input type="radio"/> Agriculture
<input type="radio"/> Arts and Recreation Services	<input type="radio"/> Construction	<input type="radio"/> Education and Training
<input type="radio"/> Electricity, Gas, Water and Waste Services	<input type="radio"/> Financial and Insurance Services	<input type="radio"/> Fishing
<input type="radio"/> Forestry	<input type="radio"/> Health Care and Social Assistance	<input type="radio"/> Information Media and Telecommunications
<input type="radio"/> Manufacturing	<input type="radio"/> Mining – Minerals	<input type="radio"/> Mining – Petroleum
<input type="radio"/> Mining – Other Services	<input type="radio"/> Not Elsewhere Included	<input type="radio"/> Other services (specify below)
<input type="radio"/> Professional, Scientific and Technical Services	<input type="radio"/> Public Administration and Safety	<input type="radio"/> Rental, Hiring and Real Estate Services
<input type="radio"/> Retail Trade	<input type="radio"/> Transport, Postal and Warehousing	<input type="radio"/> Wholesale Trade
Specify other:		
Physical address:		
Town/city:	Postcode:	
Postal address	<input type="checkbox"/> Same as above	
Postal address:		
Town/city:	Postcode:	
PCBU phone number:	PCBU mobile number:	
PCBU contact: <i>(first name, last name)</i>		
Email:		
Is the PCBU investigating? <input type="radio"/> Yes <input type="radio"/> No		

Health and Safety Representative (HSR) details

There is an HSR working for this organisation <input type="checkbox"/>	They are NZQA qualified to use their powers <input type="checkbox"/>
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NOTIFIABLE EVENT INJURY/ILLNESS OR DEATH

Declaration

I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name:
(first name, last name)

Date:

Designation:

Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification

Where to send your completed form

Print, complete and scan this form, or fill in the PDF version. Once completed, email it to WorkSafe:
healthsafety.notification@worksafe.govt.nz

If emailing this form is not practical, you may post it to:

The Registrar
WorkSafe New Zealand
PO Box 105-146
Auckland 1143

Terms

PCBU — A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carry out residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.

Worker — A worker is an individual who carries out work in any capacity for a PCBU. It includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker. Workers have their own health and safety duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.