



Flight Centre Ltd ACCIDENT/INCIDENT REPORT FORM

Please complete and fax or email to:
Healthwise – Fax: (09) 336 0431 or email: healthwise@flightcentre.co.nz
For more information, please call: 021 447 112

Part A - Accident/Incident Reported by:

Name:	Position:
Shop / Business:	
Contact Number:	

Part C – About the Accident/Incident:

What caused the injury:	
<input type="checkbox"/> Manual Task (e.g. Lifting)	<input type="checkbox"/> Slip, trip or fall
<input type="checkbox"/> Car accident	<input type="checkbox"/> Sports/Exercise
<input type="checkbox"/> Equipment	<input type="checkbox"/> Mental Stress
<input type="checkbox"/> Heat (e.g burn)	<input type="checkbox"/> Other: _____

Part B –Details of Injured Person:

Name:	Position:
Shop / Business:	
Home Address:	
Ph Number:	Date of Birth:

Nature of injury and body part: (e.g. cut on left hand):
How did it occur?
Treatment Required:

If they are not a Flight Centre employee, who is the person? (eg member of public, client, visitor)
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Part D:
Signed by: (Person named in Part A): _____ Date: _____

Part E – Healthwise Use Only
Hazards Identified: _____
Action Required: _____
Action Taken: _____
Was this a serious harm accident? <u>Yes / No</u> (If yes, Healthwise must notify the Department of Labour -0800 20 90 20)