Injury and Incident Report Form

Please email report to GM@akhockey.org.nz
Online forms available on AKH App or
www.akhockey.org.nz/player-forms/

Incident Type ❑ Near hit/Near miss ❑ Injury ❑ Illness ❑ Fatal

Name of Injured Person ____________________ ❑ Employee ❑ Volunteer ❑ User ❑ Contractor

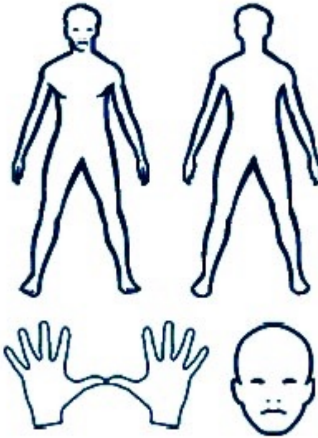
Residential Address ____

Date of Birth ______________ Sex ❑ Male ❑ Female Phone ______________

Period of Employment (if Employed) of injured Person ______________________________

Injury Details - Body Part

Shade the injured body part



Check List

	Left	Right
❑ Head	❑	❑
❑ Shoulder	❑	❑
❑ Foot	❑	❑
❑ Wrist	❑	❑
❑ Knee	❑	❑
❑ Neck	❑	❑
❑ Back/Spine	❑	❑
❑ Internal Organs	❑	❑
❑ Finger	❑	❑
❑ Ankle	❑	❑
❑ Eye	❑	❑
❑ Hand	❑	❑
❑ Arm	❑	❑
❑ Leg	❑	❑
❑ Multiple Locations		

Injury Type

(Please tick all that apply)

- ❑ Aches/pain (gradual)
- ❑ Aches/pain (sudden)
- ❑ Amputation
- ❑ Broken bone
- ❑ Bruise incl. crushing
- ❑ Burn/scald
- ❑ Chemical reaction
- ❑ Choking/suffication
- ❑ Concussion/brain injury
- ❑ Cut (infected)
- ❑ Cut (not infected)
- ❑ Dental injury
- ❑ Dermatitis
- ❑ Dislocation
- ❑ Fatal
- ❑ Foreign body in
  ❑Eye ❑ Nose ❑ Ear
- ❑ Inhalation disease
  (asbestos/lead)
- ❑ Hearing Loss
  (noise induced)
- ❑ Poisoning
- ❑ Strain/Sprain
- ❑ Other

Treatment Details (tick)

❑ None ❑ First Aid ❑ Nurse ❑ Team Official ❑ Physiotherapy ❑ Doctor
❑ Hospital/A&E

Incident Details	Date: Time:
CIRCUMSTANCES: *Record what happened* *Note time/Date* *Contributing factors (how/why)* **PERSONS INVOLVED:** *Witnesses* *Contact Details* *Suspect Description* **PROPERTY INVOLVED:** *Full Description* *Property/Damage Value* *Vehicle Details if Applicable*	Location: Hours worked since arrival onsite (employees only): Details: (circumstances/persons involved/property involved)

Possible cause of accident

❑ Fall, trip or slip ❑ Heat, radiation or energy ❑ Body posture ❑ Being hit by moving objects
❑ Biological factors ❑ Task repetitiveness ❑ Stress ❑ Noise, pressure or vibration
❑ Stretching or overexertion ❑ Chemicals or other substances ❑ Hitting objects with part of the body
Other____

What action has been taken

Was a significant hazard involved? ❑ Yes ❑ No
Has a hazard report been completed? ❑ Yes ❑ No ❑ N/A

Signature ______________________________ Date ______________