



Timberlands Limited Incident Report Form

Use this form for ALL Incidents. email incidents@ttl.co.nz

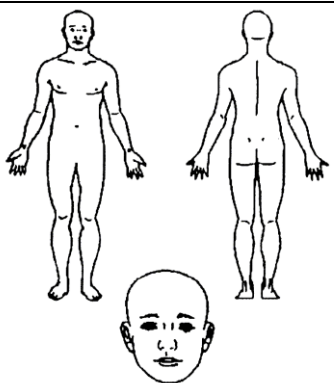
Incident Type: (circle)	Lost Time Injury	Medical Treatment Injury	Minor Injury	Property Damage (no injury)	Near Hit (no injury)	Critical Rule Breach
Is it a Sentinel incident (circle) yes/no Describe why:						
Crew/Company Name:			Crew number:	Name of Person involved		
Date of incident	Time of incident	Location of incident Forest Cpt/road/yard – location on the road			Qualified for the task? Yes No	
Travel Time to & from workplace (hrs):		Hours worked on present shift:	Shift Start Time:	Hours of sleep previous to shift:		
Total hours worked over 7 days:		Hours worked since last day off:		Rest breaks taken (total time/hrs):		
Age of person involved	Experience in industry (yrs & mths)	Experience in task where incident occurred (yrs & mths)	Weather (circle) Rain Dry Frost Calm Windy		Gradient (circle) Flat Rolling Steep (30° or more)	
LOG MANUFACTURING			FORESTRY/SILVICULTURE			
Type of operation: (circle)		Task: (circle)		Part of operation: (circle)		
Thinning – Mechanical Clearfell – Mechanical – stems/logs Clearfell – Motor manual – stems/logs Roadline – stems/logs Hauler – stems/logs KPP Transport		Felling Trimming/Limbing Breaking out Log Loading Machine Operation Moving Plant Road Building Quality Control		Mechanical Harvesting Log Processing/Skidwork Extraction (machine) Fleeting/Sorting/Stacking Maintenance Transporting Travel Visitor		Land preparation (machine) Planting Release Spot Spray Aerial Application Prune (ground) Prune (ladder) Prune (chainsaw) Thin to waste Plot/Data Collection Nursery Travel Fire fight Other
Logyard Roading		Other		Other		
describe what happened. Include details of event, equipment or machines, personal protective equipment used etc. (continue on a separate page if necessary)						
IMMEDIATE CAUSE: the acts or conditions that lead directly to the accident eg the guard is missing; the employee slips, non-use of personal protective equipment, lack of concentration, fatigue and poor housekeeping. etc. There may be several immediate causes identified in any one adverse event.						
Include notes on objects/agents involved with the injury (eg spar, chainsaw, chemical, vehicle) and mechanism of injury (eg slip, struck by)						

UNDERLYING/BASIC OR ROOT CAUSES: Inadequacies in the occupational safety and health (OSH) management system that allow the immediate causes to arise unchecked, leading to the accidents.

These may include: poor maintenance, inadequate training or instruction, poor supervision, inadequate selection and placement of employees, incomplete risk assessments, unsatisfactory systems of work, and even poor accident investigations which only highlight one or two immediate causes.

These underlying causes can be grouped loosely into three interrelated categories:

- (lack of) management control factors
- personal or job factors
- environmental factors.

Type of Injury: (circle)		Mark body part injured on chart:		
Cut/laceration	Bruise	Name body part injured:		
Strain/sprain	Dislocation	Treatment (circle): None First Aid Doctor/A&E (not hospitalised) Hospitalised		
Fracture	Crush			
Puncture	Foreign Body			
Sting/bite	Infection			
Internal Injury	Burn			
Amputation				
None				
Other				
Multiple injury (specify)				
.....				
Incident investigated and discussed with crew? Yes/No		Has a TL Investigation Report & Action Plan been completed? Yes/No		
Have all recommendations from your investigation been put in place? Yes/No		Date investigation closed out / /		
NB: ALL INCIDENTS WITH THE POTENTIAL FOR SERIOUS HARM MUST BE ACCOMPANIED BY A TL INVESTIGATION REPORT				