

# Notification of accident or incident involving amusement device

Amusement Devices Regulations 1978

Email: [healthandsafetynotification@worksafe.govt.nz](mailto:healthandsafetynotification@worksafe.govt.nz)

Post: WorkSafe New Zealand, PO Box 165, Wellington 6140

To the inspector of machinery, the: (appropriate local authority)

## Notice is hereby given of the following accident/incident involving an amusement device

Registration number of device:

Name and description of device:

Location of device at time of accident/incident:

Details of all persons injured (if any), together with brief description of injuries:

Name and address of person in charge of device at time of accident/incident:

Signature:

Date: DD / MM / YEAR