

Notifiable incident major hazard facility

This form assists you to meet the requirements for notifiable incidents in accordance with Section 56 of the Health and Safety at Work Act 2015 and regulations 33 and 34 of the Health and Safety at Work (Major Hazard Facilities) Regulations 2016 (the Regulations)

An operator of a major hazard facility must notify WorkSafe New Zealand (WorkSafe) of any notifiable incident declared under regulation 33 of the Regulations, as soon as possible after the occurrence becomes known to the operator. Please use this form only for those notifiable incidents declared under the Regulations. Notifiable events under which are only notified the Health and Safety at Work Act 2015 must be notified separately.

Emails:

Initial notification: healthsafety.notification@worksafe.govt.nz

Initial written report (within 7 days) and Detailed written report (within 30 days): hhu.mhf@worksafe.govt.nz

Post: WorkSafe New Zealand, PO Box 105-146, Auckland 1143

TYPE OF NOTIFICATION	NOTIFICATION PERIOD	INSTRUCTIONS
<input type="radio"/> Initial notification	As soon as possible after the occurrence of the notifiable incident becomes known to the operator.	Only use this form for initial notification of one of the incidents set out in regulation 33 of the Regulations. The notification must include the information required under Schedule 4 of the Regulations to the extent that it is reasonably available to the operator at the time of notification. Use this form, for subsequent written reports required by the Health and Safety at Work (Major Hazard Facilities) Regulations 2016.
<input type="radio"/> Initial written report	The operator must provide WorkSafe with the initial written report by the later of seven days after the operator becomes aware of the notifiable incident, and any other date that WorkSafe specifies in writing.	Complete the information in Part 1 of Schedule 4 of the Regulations, as indicated in this form.
<input type="radio"/> Detailed written report	The operator must provide WorkSafe with the detailed written report by the later of 30 days after the operator becomes aware of the notifiable incident and any other date that WorkSafe specifies in writing.	Complete the information in Parts 1 and 2 of Schedule 4 of the Regulations, as indicated in this form.

In addition to the MHF Regulations, is this event also notifiable under the Health and Safety at Work Act 2015 (no additional notification required) Yes No

Please indicate which categories from Section 23 and 24 the incident falls into:

Regulation 33 Incident Notified

Type of declared notifiable incident:

- An unplanned event (other than a false alarm) that requires the emergency plan to be implemented
- An event that does not cause, but has the potential to cause, a major incident
- Damage to, or failure of, a safety-critical element that requires intervention to ensure it will operate as designed

Schedule 4, Part 1 Information relating to notifiable incident

Operator details

Full legal name: (limited liability, company/partnership individual person, or other)

Trading name: (if different to legal name)

Operator phone number:

Operator email:

Physical address of operator:

Postal address of operator: Same as above

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Location where the notifiable incident occurred

Physical address of facility:

Same as operator physical address

Information about the notifiable incident

Start date and time of notifiable incident:

Date: DD / MM / YEAR Time: AM PM

End date and time of notifiable incident:

Date: DD / MM / YEAR Time: AM PM

Describe the notifiable incident:

Describe the work or activity being undertaken at the time of the notifiable incident:

Describe the action to make workplace safe, including details of any disturbance of the workplace:

Was an emergency response (required under regulation 31) initiated? Yes No

Injuries

If greater than three injured people, submit information separately.

Number of injured people:

Injured person 1

Name of employer: (if different from operator)

Name of injured person:

Date of birth: DD / MM / YEAR

Sex:

Occupation:

Work phone:

Mobile phone:

Email:

Address:

Describe the injuries sustained:

Describe the work or activity being undertaken at the time the injuries occurred:

Day of shift and hour of shift: (eg 5th day of 7, first hour of 12)

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Injured person 2

Name of employer: (if different from operator)
Name of injured person:
Date of birth: DD / MM / YEAR
Sex:
Occupation:
Work phone:
Mobile phone:
Email:
Address:
Describe the injuries sustained:
Describe the work or activity being undertaken at the time the injuries occurred:
Day of shift and hour of shift: (eg 5th day of 7, first hour of 12)

Injured person 3

Name of employer: (if different from operator)
Name of injured person:
Date of birth: DD / MM / YEAR
Sex:
Occupation:
Work phone:
Mobile phone:

Email:
Address:
Describe the injuries sustained:
Describe the work or activity being undertaken at the time the injuries occurred:
Day of shift and hour of shift: (eg 5th day of 7, first hour of 12)

Witnesses

If greater than three witnesses submit information separately.

Number of witnesses:

Witness 1

Name:
Occupation:
Mobile phone:
Email:

Witness 2

Name:
Occupation:
Mobile phone:
Email:

Witness 3

Name:
Occupation:
Mobile phone:
Email:

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Unintended release of hazardous substances

Composition of specified hazardous substances (if applicable) that escaped or burned, including known toxicity

Estimated quantity: (tonnes)

Duration of escape: (hours)

Weather conditions:

Serious damage

Plant damaged, and the extent of damage to plant:

Whether plant has been, or will be, shut down:

Action and cause

Immediate action taken or intended to be taken to prevent recurrence of incident:

Immediate cause analysis:

Schedule 4, Part 2

Analysis and remedial action

- Attached detailed written report containing:
- root cause analysis
 - actions to prevent occurrence of a similar incident, including the name of the responsible party and completion date

Copies of all documentary material referred to or relied on (or both) in preparing this notice, which may include, without limitation, as appropriate: (tick included)

- Witness statements
- Safety management system documents
- Drawings, diagrams, and photographs
- Third-party reports (audit, inspection, material analysis etc)
- Internal records and correspondence
- Other: (eg investigation report)

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Declaration

Declaration signed by an officer or a delegate of the operator,
on behalf of the operator

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

Name:

Email:

Position:

Date: DD / MM / YEAR

Signature:

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

I have attached information (eg the detailed written report
and other supporting documents)