

# NOTIFICATION OF A DEATH OR A NOTIFIABLE INJURY OR ILLNESS



Use this form to notify Civil Aviation Authority of a notifiable event i.e. an injury, illness or death to a person(s), as required by Section 56 of the Health and Safety at Work Act 2015 (the Act).

## Notifier details

Are you making this notification as a:

(See the last page of this form for descriptions of these terms)

PCBU

HSR

Other

Title:

Last name:

First name:

Middle names:

Phone number:

Mobile number:

Postal address:

  

Town/city:

Postcode:

Email:

## Details of event

Date of event:

|   |   |   |   |   |   |   |   |
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Time of event: (UTC/NZDT/NZST)

Event address:

  

Town/city:

Postcode:

Phase of flight

In preparation for imminent flight

Taxi

Take off

In flight

Landing

Provide a description of what happened:

  
  
  

Confirm that the site has been preserved, as required by Section 55 of the Act:

Aircraft registration:

Have you notified any other agency?  Yes  No

Notified agency name:

Notified agency phone number:

**Injury Details:**

Have multiple people been injured?  Yes (complete and attach one copy of this page and next page per person)  No

**Nature of Injury**

Select all applicable (if the event you are attempting to notify us of does not appear in this list then notification is not required and this form cannot be used):

- Death
- Amputation of any body part
- Serious head injury
- Serious eye injury
- Serious burn
- Serious lacerations
- Spinal injury
- Loss of bodily functions
- Serious infection (incl. occupational zoonosis)
- Other injury or illness declared notifiable by regulations
- Separation of skin from underlying tissue (scalping or degloving)
- Injury or illness that requires (or would usually require) immediate hospital admittance
- Injury or illness that requires (or would usually require) medical treatment within 48 hours of exposure to a substance

**Body part(s) affected**

Select all applicable:

- Head
- Neck
- Trunk
- Upper limb
- Lower limb
- Systemic internal organs

**Treatment attempted:**

- Not known
- First aid only
- Doctor (not hospital)
- Hospitalisation
- I have attached any supporting information (photographs or diagrams) *(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)*

**Injured/ill person details**

Family/Surname:  Given names:

Date of birth:         Gender:

Residential address:

  

Town/city:

Postcode:

Affected person type:

Worker

Contractor (self-employed)

Other

How many hours had the person been at work when the incident occurred?

### PCBU Details

Legal entity name: *(the name that is used on official legal documents)*

Trading name: *(if different to legal name)*

New Zealand Business Number (NZBN): *(if applicable)*

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Aviation Rule Part:

91 General Operating Flight Rules

102 Unmanned Aircraft

115 Adventure Aviation

119 Air Operator

121 Large Aeroplanes

125 Medium Aeroplanes

133 Helicopter External Load Operations

135 Helicopters and Small Aeroplanes

137 Agricultural Aircraft Operations

141 Aviation Training Providers

Other rule parts (specify below)

Specify other:

Physical address:

  

Town/city:

Postcode:

Postal address

Same as above

Postal address:  
*(if different from physical)*

  

Town/city:

Postcode:

PCBU phone number:

PCBU mobile number:

PCBU contact:  
(first name, last name)

Email:

Is the PCBU investigating?

Yes

No

### Other PCBUs Involved

Were other PCBUs involved?

Yes

No

Names of other PCBUs

### Health and Safety Representative (HSR) details

There is an HSR working for this organisation?

Do they hold the NZQA qualifications for HSR?

### Declaration

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

Full name:  
(first name, last name)

Date of birth:

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Position:

### How to complete this form and where to send your completed form

This form can be completed by opening on your computer using Adobe Reader then either:

1. Type the information into the form and save to your computer.
2. Print the form off and hand write in details.

Once completed either scan the handwritten form, or attach the PDF version and email it to Civil Aviation Authority: [isi@caa.govt.nz](mailto:isi@caa.govt.nz)

If emailing this form is not practical you may post it to:

Manager Health and Safety Unit  
Civil Aviation Authority  
PO Box 3555  
Wellington 6140

### Terms

**PCBU** — A PCBU is a 'person conducting a business or undertaking'. A PCBU may be an individual person or an organisation. It does not include workers or officers of PCBUs, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carry out residential work. A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This is called the 'primary duty of care'.

**Worker** — A worker is an individual who carries out work in any capacity for a PCBU. It includes an employee, a contractor or sub-contractor, an apprentice or trainee, a person on work experience or a work trial, or a volunteer worker. Workers have their own health and safety duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.

**HSR** — A health and safety representative (HSR) is a worker who has been elected by the members of their work group to represent them in health and safety matters. HSRs are elected by a work group, which is a defined group of workers who work for the PCBU. Only HSRs who have attended the Health & Safety training outlined in the Regulations can issue Provisional Improvement Notices, direct unsafe work to cease. These HSRs needed to have attended approved training under the HSE Act and completed transition training or completed NZQA 29315.