NOTIFICATION OF A NOTIFIABLE INCIDENT



Use this form to notify Civil Aviation Authority of a notifiable incident that exposes a person(s) to serious risk, as required by Section 56 of the Health and Safety Act 2015

Notifier details Are you making this noti	fication as a:		SD Other			
	m for descriptions of these terms)	CBU	SR Other			
Title:		Last nam	ne:			
First name:		Middle name	es:			
Phone number:		Mobile numb	er:			
Postal address:						
Town/city:		Postcoo	de:			
Email:						
Details of incident						
Date of event:	D M M Y Y Y Time of event: (UTC/NZDT/NZST)					
Incident address:						
What happened?	Escape, spillage or leakage of a substance		Implosion, explosion or fire			
	Escape of gas or steam		Escape of a pressurised substance			
	Electric shock		Fall or release from a height of any plant, substance or thing			
	Collapse, overturning, failure or malfunction damage to any plant that must be authorised		Collapse or partial collapse of a structure, or under slung load or human slung load			
	Any other incident declared by regulations to a notifiable incident for the purposes of the	be HSWA				
Phase of flight	In preparation for imminent flight		Тахі			
	Take off		In flight			
	Landing					
Aircraft registration:						

What was the principle of	ause of the incide	ent?										
Machinery or (m	nainly) fixed plant		Mobile p	plant or trans	port			Powered	equipme	nt, tool	or applia	nce
Non-powered handtool			Appliand	e or equipmo	ent			Chemical	or chem	ical prod	uct	
Material or subs	tance		Environn	nental				Exposure	(e.g. dus	t, gas)		
Animal, human of other then bact	or biological agen eria or virus)	су										
Provide a description of what happened:												
Drouido dotoilo obout												
Provide details about the people involved in the incident:												
(names, contact details)												
	any supporting information is not mai				elnful in exi	nlainina th	ne incide	ont)				
Weather conditions / turbulence at time of												
incident:												
Was a significant hazard	involved?	Yes		No								
Have you notified any ot	her agency?	Yes		No								
Notified agency name:												
Notified agency phone number:												
PCBU Details												
Legal entity name: (the r	name that is used	on official legal d	document	ts)								
Trading name: (if differen	nt to legal name)											
New Zealand Business N	umber (NZBN): <i>(if</i>	f applicable)										

Aviation Rule Part:					
91 General Oper	ating Flight Rules	102 Unmanned A	Aircraft	115 Adventure Aviation	
119 Air Operator		121 Large Aeropl	anes	125 Medium Aeroplanes	
133 Helicopter External Load Operations		135 Helicopters a	and Small Aeroplanes	137 Agricultural Aircraft Operations	
141 Aviation Trai	ning 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 involv	ved? Yes	No			
Names of other PCBUs					
Health and Safety Re	presentative (HSR) det	tails			

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: <i>(first name, last name)</i>	
Date of birth:	D D M M Y Y Y
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 completed PDF version and email it to Civil Aviation Authority: isi@caa.govt.nz

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

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 subcontractor, 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.