

INJURY REPORTING FORM

The NAW wishes to collect information on woodworking injuries to assist its members to become safer in their workshops. By looking at the injuries and what caused them we may be able to establish patterns and locate hazards. It is intended that these will be reported back to members with recommendations on how to prepare for safety. We are interested in the statistics, not the persons accidents occurred to, and are not asking members to provide any personal details.

Post completed forms to: Membership Secretary: 28 Akeake Ave, Palmerston North.

ITEM	CIRCLE APPROPRIATE DESCRIPTION	
Type of Injury	Superficial cut – Cut/wound – Bruising – Burn – Crush – Skin inflammation – Sprain – Broken bone – Eye injury – Dislocation – Head injury – Spine injury – Amputation	
Injury to	Head – Neck – Trunk – Upper limb – Lower limb – Multiple locations	
Treatment	First aid – Doctor – Hospitalisation	
Date & Time of day it occurred	Date of accident / / Morning – Afternoon – Evening	
Hazard Identified	Trip/fall – Flying object – Heat/radiation – Chemicals – Lifting - etc	
Length of time Working	1-2 hours – 2-4 hours – 4-6 hours – 6-8 hours – More than 8 hours	
Machinery involved	Powered equipment – Powered hand tool – Non-powered tool	
State what caused the injury		
Experience in Years	Less than year – 2-5 years – 5-10 years – More than 10 years	
Age group	Under 20, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60 – 69, 70 & over	
Notes	In the spaces below please add your comments	
What do you believe the Hazard is here?		
How do you suggest we can stop this harming others		

NOTE – The NAW accepts no responsibility for the accuracy of information reported to and recorded by it. The purpose of collecting the information is to better educate NAW members about health and safety issues and to develop guidance for NAW members.