

NOTIFICATION OF ACCIDENT OR INCIDENT INVOLVING AMUSEMENT DEVICE

Amusement Devices Regulations 1978

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:

Time and date of accident/incident:

Description 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

WORKSAFE NEW ZEALAND

This completed form should be sent to:
Technical Support Services, WorkSafe New Zealand
PO Box 165, Wellington 6140
Email: healthsafety.notifications@worksafe.govt.nz
Phone: 04 901 4972