Agnes Owusu

OFFICIAL INFORMATION ACT 1989 From: WorkSafe online notifiable event submission <

Sent: Tuesday, 2 November 2021 10:12 am

To: Healthsafety Notification Notifiable Event Submission Subject:

Categories: Pauline, Scene Clearance

Submission date

11/2/2021

Submission time

10:11:17 AM

What date did the event happen?

01/11/2021

What time did the event happen?

3 PM

notificationType

incident

Did the event involve any of the following?

None of these

Notification method

web form

Notification Reference ID

ON-b44c088f-d7f0-4742-bae1-7614393608e6

How did the event happen?

Staff were working on the top of Dome 2 applying a sealant tape. Noticed smoke coming out of the top of the dome. They used their fire extinguisher on the area they were in, while doing this, 59(2)(a) leg came into contact with the side of the dome which caused a minor burn. Seen by ambulance staff and advised to get it checked to see if any fiber glass from the dome was in the injury. I also reported this over the phone at 3.31pm on 1 November 2021. The phone call lasted 9 minutes from that time.

What is the address where the event happened?
Shuttle Drive, Bromley, Christchurch, New Zealand
Describe where at the address the event happened.
Trickle Filters at the Waste Water Treatment Plant in Christchurch
What item or substance was directly involved with the incident?
I don't know
Incident type
Injury
Was it an injury or an illness?
Injury
Has the scene been preserved?
Yes
Has your business or organisation begun investigating the event?
Yes
Has another government organisation been notified?
Fire and Emergency New Zealand
Did the incident put someone's health and safety seriously at risk?
Yes
Your name
s9(2)(a)
Your email address
s9(2)(a) @goleman.co.nz
Your phone number
s9(2)(a)

Your job title or role

2

Legal name
EXTERIOR BUILDING CARE GOLEMAN LIMITED
Trading name
No trading name
Who should we contact about this notification?
s9(2)(a)
Email address for the contact person
EXTERIOR BUILDING CARE GOLEMAN LIMITED Trading name No trading name Who should we contact about this notification? \$9(2)(a) Email address for the contact person \$9(2)(a) @goleman.co.nz Physical address 20 Gasson Street, Sydenham, Christchurch Direct dial phone number for the contact person \$9(2)(a) NZBN 9429032436549
Physical address
20 Gasson Street, Sydenham, Christchurch
Direct dial phone number for the contact person
s9(2)(a)
NZBN
NZBN 9429032436549 Industry
Industry
Arts, Recreation and Other Services
Website
www.goleman.co.nz
Are there Health & Safety representatives at the workplace?
Yes
Have any of them received the NZQA training?
Yes
Postal address
PO Box 10202

Health and Safety Manager

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Victim 1
What is their name? \$9(2)(a) What is their gender? Male What is their phone number? \$9(2)(a) What is the person's relationship to your business or organisation?
s9(2)(a)
What is their gender?
Male
What is their phone number?
s9(2)(a)
What is the person's relationship to your business or organisation?
Your employee
What is their job?
Technician or Trades Worker
Body Part S9(2)(a) How were they hurt?
s9(2)(a)
How were they hurt?
Contact with heat or cold
How long has the person worked at the business or organisation?
6 months - a year
How many hours had they worked before the event happened?
7 hours 30 minutes
Have you (or anyone else) called us already about this event?
Yes

How many people were hurt or became sick during the incident?