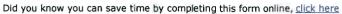
NOTIFICATION OF A NOTIFIABLE INCIDENT

Use this form to notify WorkSafe New Zealand 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		
	this notification as a: s form for descriptions of these terms)	U HSR • Other
Title: MR	Last name: s9(2)(a)	
First name:	s9(2)(a)	Middle names:
Phone number:	s9(2)(a)	Mobile number: \$9(2)(a)
Postal address:	8 Malvern Road, Ngauranga	
Town/city:	Wellington	Postcode: 6035
Email: s9(2)(a)	Dgoleman.co.nz	, CO,
Details of incide	ent	
Date of incident: (dd/mm/yyyy)	9/5/16	Time of incident: 1130
Incident address	s: 101 Wakeified Street	
Town/city:	Wellington	Postcode:
What happened?	?	
Escape, spilla	age or leakage of a substance	Implosion, explosion or fire
Escape of ga	s or steam	Escape of a pressurised substance
Electric shock	k UD	Fall or release from a height of any plant, substance or thing
Collapse, over damage to a	erturning, failure or malfunction of, or ny plant that must be authorised for use	Collapse or partial collapse of a structure
Collapse or fa	ailure of an excavation or shoring n excavation	Inrush of water, mud, or gas in workings in an underground excavation or tunnel
	of the main system of ventilation in an excavation or tunnel	Collision between 2 vessels, a vessel capsize or the inrush of water into a vessel
Asbestos: En	nergency procedures – Residential	Asbestos: Emergency procedures – Commercial
Respirable as	sbestos meets or exceeds 0.02 fibres /ml	of air

What was the principal cause of the	e incident?				
Machinery or (mainly) fixed plan	t	Mobile plant or transport			
O Powered equipment, tool or appl	iance	Non-powered handtool			
Appliance, or equipment		Chemical or chemical product			
Material or substance		Environmental			
Exposure (e.g. dust, gas)		Animal, human or biological agency (other then bacteria or virus			
Provide a description of what happe	ened:				
S9(2)(a) had rigged a set of ropes to Wakefield St at 1130	co complete a drop on	the North aspect of theMunicipal Office Building on			
descend uncontrolled. Fabiano fell his deviation carabiners. \$9(2)(a)did not suspect his rope sy descended in a controlled manner	approximately 4 met ystem was compromis to ground level. \$9(2)	d once his weight was on the system, he began to tres an his fall was arrested by a knot getting caught in sed, (he thought it was stretch in the rope) he (a) called the office at this stage to report the fall. the incident and waited management to arrive on site.			
	opes had been pulled	up for the publics safety. site was assessed for other			
Provide details about the people inv \$9(2)(a); \$9(2)(a) Competent and experienced rope a					
s9(2)(a) s9(2)(a) s9(2)(a)	(HK)				
OFF					
I have attached any supporting (supporting information is not mandatory, but s					
The incident occurred:	○ Indoors	Outdoors			
Weather conditions at time of incide	ent:				
overcast, very light breeze, mild					
Was a significant hazard involved?	Yes	○ No			
Have you notified any other agency?	○ Yes	No			
Notified agency name:					
Notified agency phone number:					

PCBU details

Legal entity name: (the name that is used on official legal documents)	Goleman Wellington Limited				
Trading name: (if different to legal name)					
New Zealand Business Number (NZ (if applicable)	BN):	0			
Industry:					
Accommodation and Food Services	Administrative and Support Services	Agriculture			
Arts and Recreation Services	Construction	Education and Training			
Electricity, Gas, Water and Waste Services	Financial and Insurance Services	Fishing			
Forestry	Health Care and Social Assistance	Information Media and Telecommunications			
Manufacturing	Mining – Minerals	Mining – Petroleum			
Mining – Other Services	Not Elsewhere Included	Other services (specify below)			
Professional, Scientific and Technical Services	Public Administration and Safety	Rental, Hiring and Real Estate Services			
Retail Trade	Transport, Postal and Warehousing	Wholesale Trade			
Specify other: Cleaning Maintenan	ce Abseil				
Physical address: 8 Malvern Roa	d, Ngauranga				
Town/city: Wellington					
Postal address Same as above	ve				
Postal address:					
Town/city:	Postcode:				
PCBU phone number: $s9(2)(a)$ PCBU mobile number: $s9(2)(a)$					
PCBU contact: (first name, last name)					
Email: ggoleman.co.nz					
Is the PCBU investigating?	Yes	○ No			
Health and Safety Representative	e (HSR) details				
There is an HSR working for this or	ganisation They are NZQA	qualified to use their powers			

Declaration

Full name:

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)

s9(2)(a)

Date: 9 May 2016

Designation:

Operations Manager

Note: the above declaration is considered to be an electronic signature that is reliable as appropriate for the purpose of this notification

Where to send your completed form

Print, complete and scan this form, or fill in the PDF version. Once completed email it to WorkSafe: healthsafety.notification@worksafe.govt.nz

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

The Registrar WorkSafe New Zealand PO Box 105-146 Auckland 1143

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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.