

# 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

Did you know you can save time by completing this form online, [click here](#)

## Notifier details

Are you making this notification as a:  
(See the last page of this form for descriptions of these terms)

- PCBU       HSR       Other

Title: MR      Last name: s9(2)(a)

First name: s9(2)(a)      Middle names:

Phone number: s9(2)(a)      Mobile number: s9(2)(a)

Postal address: 8 Malvern Road, Ngauranga

Town/city: Wellington      Postcode: 6035

Email: s9(2)(a)@goleman.co.nz

## Details of incident

Date of incident: 9/5/16      Time of incident: 1130  
(dd/mm/yyyy)      (e.g. 2:20pm)

Incident address:  
101 Wakeified Street

Town/city: Wellington      Postcode:

What happened?

- |   |  |
|---|--|
| <input type="checkbox"/> Escape, spillage or leakage of a substance   | <input type="checkbox"/> Implosion, explosion or fire  |
| <input type="checkbox"/> Escape of gas or steam   | <input type="checkbox"/> Escape of a pressurised substance   |
| <input type="checkbox"/> Electric shock   | <input checked="" type="checkbox"/> Fall or release from a height of any plant, substance or thing           |
| <input type="checkbox"/> Collapse, overturning, failure or malfunction of, or damage to any plant that must be authorised for use | <input type="checkbox"/> Collapse or partial collapse of a structure   |
| <input type="checkbox"/> Collapse or failure of an excavation or shoring supporting an excavation                                 | <input type="checkbox"/> Inrush of water, mud, or gas in workings in an underground excavation or tunnel     |
| <input type="checkbox"/> Interruption of the main system of ventilation in an underground excavation or tunnel                    | <input type="checkbox"/> Collision between 2 vessels, a vessel capsizes or the inrush of water into a vessel |
| <input type="checkbox"/> Asbestos: Emergency procedures – Residential   | <input type="checkbox"/> Asbestos: Emergency procedures – Commercial   |
| <input type="checkbox"/> Respirable asbestos meets or exceeds 0.02 fibres /ml of air  |  |

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What was the principal cause of the incident?

- Machinery or (mainly) fixed plant
- Powered equipment, tool or appliance
- Appliance, or equipment
- Material or substance
- Exposure (e.g. dust, gas)
- Mobile plant or transport
- Non-powered handtool
- Chemical or chemical product
- Environmental
- Animal, human or biological agency (other than bacteria or virus)

Provide a description of what happened:

s9(2)(a) had rigged a set of ropes to complete a drop on the North aspect of the Municipal Office Building on Wakefield St at 11.30

The ropes were not attached to the anchors properly and once his weight was on the system, he began to descend uncontrolled. Fabiano fell approximately 4 metres and his fall was arrested by a knot getting caught in his deviation carabiners.

s9(2)(a) did not suspect his rope system was compromised, (he thought it was stretch in the rope) he descended in a controlled manner to ground level. s9(2)(a) called the office at this stage to report the fall. upon returning to the roof he realised the full extent of the incident and waited management to arrive on site.

when s9(2)(a) arrived on site, the ropes had been pulled up for the public's safety. site was assessed for other dangers, photos taken, crew was demobilised and sent back to hub for debrief.

Provide details about the people involved in the incident:

s9(2)(a), s9(2)(a)

Competent and experienced rope access technician.

s9(2)(a) s9(2)(a)  
s9(2)(a) s9(2)(a)

I have attached any supporting information (photographs or diagrams).  
*(supporting information is not mandatory, but should be supplied when helpful in explaining the incident)*

The incident occurred:  Indoors  Outdoors

Weather conditions at time of incident:

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:

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**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 (NZBN):

Industry:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accommodation and Food Services                 | <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Agriculture                               |
| <input type="checkbox"/> Arts and Recreation Services                    | <input type="checkbox"/> Construction                        | <input type="checkbox"/> Education and Training                    |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services      | <input type="checkbox"/> Financial and Insurance Services    | <input type="checkbox"/> Fishing                                   |
| <input type="checkbox"/> Forestry  | <input type="checkbox"/> Health Care and Social Assistance   | <input type="checkbox"/> Information Media and Telecommunications  |
| <input type="checkbox"/> Manufacturing                                   | <input type="checkbox"/> Mining – Minerals                   | <input type="checkbox"/> Mining – Petroleum                        |
| <input type="checkbox"/> Mining – Other Services                         | <input type="checkbox"/> Not Elsewhere Included              | <input checked="" type="checkbox"/> Other services (specify below) |
| <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Public Administration and Safety    | <input type="checkbox"/> Rental, Hiring and Real Estate Services   |
| <input type="checkbox"/> Retail Trade                                    | <input type="checkbox"/> Transport, Postal and Warehousing   | <input type="checkbox"/> Wholesale Trade                           |

Specify other: Cleaning Maintenance Abseil

Physical address: 8 Malvern Road, Ngauranga

Town/city: Wellington

Postcode: 6035

Postal address  Same as above

Postal address:

Town/city:

Postcode:

PCBU phone number: s9(2)(a)

PCBU mobile number: s9(2)(a)

PCBU contact: s9(2)(a)  
*(first name, last name)*

Email: s9(2)(a)@goleman.co.nz

Is the PCBU investigating?  Yes  No

**Health and Safety Representative (HSR) details**

There is an HSR working for this organisation  They are NZQA qualified to use their powers

## NOTIFICATION OF A NOTIFIABLE INCIDENT

### Declaration

I declare that to the best of my knowledge, the information provided in this notification is true and correct.

Full name: s9(2)(a)  
(first name, last name)

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

### 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.