

Worksafe Notification

# Injury

## Review

### 1. Initial questions

Edit

#### Before we get started

**Are you authorised to report this event?**

Yes

**Was the event work-related or in a place of work?**

Yes

**Did the event involve any of the following?**

None of these

**Have you (or anyone else) called us already about this event?**

Yes

**What treatment did the injured person receive?**

Admitted to hospital

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## 2. Victim & Injury details

Edit

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**How many people were injured?**

1

### Victim details

**What is the person's relationship to your business or organisation?**

Other

**What is their gender?**

Male

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### Injury details

**Where was the person hurt?**

I don't know:

**What were they injured by?**

Indoor or outdoor environment

**How were they hurt?**

Other

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## 3. Event Details

Edit

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### **What date did the event happen?**

23/06/2020

### **What time did the event happen?**

8:48 PM

### **What is the address where the event happened?**

73 Bentley Avenue, Glenfield, Auckland 0629, New Zealand

### **Describe where at the address the event happened.**

In the swimming pool at the Auckland Council recreation centre.

### **How did the event happen?**

The young man was practicing holding his breath under water in the swimming pool. It is thought he became unconscious underwater then floated to the surface where he was spotted by the pool lifeguard.

### **What were the conditions at the time of the event?**

The swimming pool is an inside facility not exposed to the elements. The centre is well lit. It was supervised by experienced life guard who was on duty at the time of the incident.

### **Has the scene been preserved?**

No

### **Has your business or organisation begun investigating the event?**

Yes

**Has another government organisation been notified?**

No other agency notified

## **4. Business or Organisation (PCBU) Details**

**Legal name**

Auckland Council

**NZBN**

9429000034753

**Physical address**

135 Albert Street, Auckland

**Postal address**

Private Bag 92300, Victoria Street West, Auckland

**Website**

<http://www.aucklandcouncil.govt.nz>

**Industry**

Arts, Recreation and Other Services

**Are there Health & Safety representatives at the workplace?**

Yes

**Have any of them received the NZQA training?**

Yes

**Who should we contact about this notification?**

John Lee

**Email address for the contact person**

[john.lee@aucklandcouncil.govt.nz](mailto:john.lee@aucklandcouncil.govt.nz)

**Direct dial phone number for the contact person**

021-425-679

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## 5. Contact details

Edit

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### **Your name**

John Lee

### **Your email address**

john.lee@aucklandcouncil.govt.nz

### **Your phone number**

021-425-679

### **Your job title or role**

HSW Risk & Assurance Manager

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