

ALL EVENT REPORTING FORM

FOREST PRODUCTS LTD											
Date of Event: Time			me: Date Reporte			ed to Pan Pac:					
Company:					Crew No.:						
Forest: Block:			k: Stand (CPT):			Road Name:		lame:			
Worker Involved:			, ,			Position:					
Time Started Work:		Date of Birth:				Experie	ence in Yea	ars / Months:			
		Date of Birth.				P. C.					
EVENT TYPE (Tick only one) Near Miss/Hit			Property/Plant/Equipment Damage				Environmental				
Injury			Vehicle			Compla		Compla			
Illness			Fire		Other: (Other: (Detail)			
Fatality			Non-compliance								
CARTAGE	HAR	VESTING (t				FORESTRY			FOREST ENGINEERING		
	Groun	dbase 🔲 I	Hauler	Roadline _							
Transport		<u>Clearfell</u>				runing			Engineering		
Loading/Unloading Trailer		ing Out				Ground-manual/chainsaw (circle)			Carting aggregate		
Loading/Unloading Truck Log Cartage		oing/Trimming	•			Ladder-manual/chainsaw (circle)			Harvest planning In/out of cab		
Maintenance			r Machine Assist (circle) ed Tethered or Non Teth.			Releasing Spot-manual/spray (circle)			Road construction, Upgrade or		
Tensioning Load	_	ng/Sorting/Sta				Regen treatment			Maintenance		
In/out of cab	In/out		aoking			Thin to Waste			Travel		
Other	Loadir	ng				Felling			Harvesting Operations		
Operations Management		rocessing/Ski			-	<u>Establishment</u>			Other		
Travel		ne Extraction	or Grapple	Extraction		Land Preparation-ground			Mechanical land prep		
Other 3PY	Maintenance Shovel logging					Planting Manual Fertilising			Operations Management Other		
Log Manufacturing	Travel					Pest and Weed Control			Travel		
Log processing	Wind t	hrow				Ground Poison/Trapping			Quarry		
Maintenance	Other	OW				5					
LOG YARD		r snecific				Noxious weed Shooting			Blasting Crushing		
LOG YARD Loading/unloading Hauler specific Hauler Setup/Sh			tina			Inventory/Data Collection		ion	Loading aggregate		
Driving in yard		lope Shifting	9		Plotting				Stripping/winning		
Load/unload log trucks	Rope	Renewal		Operations M		anagement					
Log Handling - Loader	Two-s	taging		Other		Other			ADMINISTRATION		
In/out of cab	Other					ravel					
Loading chip lines	Operations Management					Production Thinning			Admin/Other Office Work Office Work		
Log Scaling	Other Travel				6	Other			Office Work Other		
Operations Management	Other								Travel		
Travel	-	caling/Quality	/ Control	Control							
Other	Auditing										
Mark Body Part Injured			ry Type (Treatment	Details	(circle)	Current Medical Condition:		
		che/pain (gra	-			None	-4		Fully Fit		
		Ache/pain (sudden) Fore Amputation Infec		eign Body		First Aid Treatment Doctor – Precautionary		·v	Restricted/Light Duties		
1 1.4 61 16161		•		nal Injury			dical Treatment		Troomoted/Light Daties		
1 1/1 1/1 1/1 1/1 1		_		d Injury	Hospital - A8		kΕ		Absent from Work		
"" \ () \ "" C				ring Loss			eneral admission				
1 M M M M M M M M M				iple Injuries		Physiotherap			Number of workdays absent		
				oning ain/strain	Other (Detail		')		from work (LTI injury):		
				g/bite					Pre-existing injury Yes / No		
		_		er: (<i>Details):</i>					1 J JAIOHNING HIJAI J 1007 HO		
	El	ectric Shock									
Post Event Drug Test:			YES / NO)	Dat	e					
What Happened?											

General Manager Forests Revised Date: 12/10/2021 Page 1 of 2 FOR-FRM-HS15

EVENTINVESTIGATION									
Were the people involved experienced, competent	t, trained and current? Yes / No / N/A (If	'no' provide more de	etails in section 1)						
If the people involved were under supervision, was the supervision provided adequate? Yes / No / N/A (If 'no' provide more details in section 1)									
Were there any environmental factors i.e. weather, terrain that contributed to the event occurring? Yes / No / N/A (If 'yes' provide more details in section)									
Was the plant involved in the event fit for purpose and compliant? Yes / No / N/A (If 'no' provide more details in section 1)									
Is there a documented procedure for the activity being performed and was it followed? Yes / No / N/A (provide more details in section 1)									
Were there any organisational factors i.e., time pressures that contributed to the event occurring? Yes / No / N/A (If 'yes' provide more details in section 1)									
Did the onsite risk assessment identify and manage the hazards and risks involved? Yes / No / N/A (If 'no' provided more details in section 1)									
Has a new or existing hazard or risk been identified? Yes / No / N/A (If 'yes' provide more details in section 1)									
Does the company risk register need to be reviewed and updated? Yes / No / N/A (If 'yes' provided more details in section 3)									
Was there a critical rule breach identified from the	e event? Yes / No (provide details in section 1)							
Notifiable Incident? Yes / No Notifiable Injury? Yes / No Event Reported to Work Safe NZ? Yes / No Date:									
1. INFORMATION COLLECTED – (Write down what you have found out from your investigation)									
2. ANALYSIS – (What were the contributing	g factors and root cause for the reasons	why the event	occurred?)						
	y	,							
	_								
3. ACTIONS REQUIRED OR TAKEN TO P	REVENT A REOCCURRENCE	When	Who	Status					
4. CONTRACTOR INVESTIGATION COM	PLETED BY:								
Name(s):	Initials:	Date:							
,									
5. PAN PAC MANAGEMENT REVIEW:									
Name:	Initials:	Date:							
Formal Investigation Required: Yes / No (c	circle)								
6. PAN PAC USE ONLY:									
Status: Closed / Pan Pac Investigation F	Required / Formal Investigation Requ	ired from Contra	actor / Event F	Review Required					
Confirm Event Type:	Investigator (if required):	P	an Pac Risk:						
Notes/Comments:									
			.	*====					
For Property Damage select Severity: Mo	iderate (285K) / Serious (2850K) / Ms	110r (~\$500K) /	Lataetrophic (>	KECKIK I					

General Manager Forests Revised Date: 12/10/2021 Page 2 of 2 FOR-FRM-HS15