1967/285



THE EMPLOYERS' LIABILITY INSURANCE REGULATIONS 1962, AMENDMENT NO. 7

ARTHUR PORRITT, Governor-General

ORDER IN COUNCIL

At the Government House at Wellington this 18th day of December 1967

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Workers' Compensation Act 1956, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

REGULATIONS

1. Title—These regulations may be cited as the Employers' Liability Insurance Regulations 1962, Amendment No. 7, and shall be read together with and deemed part of the Employers' Liability Insurance Regulations 1962* (hereinafter referred to as the principal regulations).

2. Form of employer's report of accident—The First Schedule to the principal regulations is hereby amended by revoking form 3, and substituting the form 3 set out in the Schedule to these regulations.

*S.R. 1962/21
 Amendment No. 1: (Revoked by S.R. 1964/5)
 Amendment No. 2: (Revoked by S.R. 1965/40)
 Amendment No. 3: (Revoked by S.R. 1965/40)
 Amendment No. 4: S.R. 1965/40
 Amendment No. 5: (Revoked by S.R. 1967/38)
 Amendment No. 6: S.R. 1967/38

Con. Regs.-Tip in 31A.

SCHEDULE

New F	ORM 3	31	IN	First	SCHEDULE	ΓC	PRINCIPAL	REGULATIONS
-------	-------	----	----	-------	----------	------------	-----------	-------------

		Form
	[Authorised Insurer's Name to be inserted here]	Please send to -
Insurer's Claim No.	EMPLOYER'S REPORT OF INDUSTRIAL INJURY In accordance with the provisions of the Workers' Compensation Act 1956	[Number]
 Please forward tach s The employer is also r the Employer's copy o If the injured worker is 	ALL QUESTIONS, using a typewriter, or using a ball-point pen and pressing firmly rs, doi:te what does not apply. ct of three forms to your Insurance Company Immediately, retaining the fourth (En equired by law to notify this accident to the Department of Labour (or other app i this form may be used for such notification. has dependents, the worker must complete a special claim form.	y. aployer's) copy. ropriate authority). If des
mployer 1. Name: 2. Postal address:		
 Nature and type of bu 		
	mber and Street: Loc	ality:
njured Worker 5. Name—Mr/Mrs/Miss		
6. Address:	(Christian names) (Surname)	
	his occupation (including with other employers):	mol
9. AGE last birthday:	10. Sex (IMPORTANT: Re items 8 and 9: If not known exactly, please state as near as possible.)	
	gle, widowed, etc. (state):	
14. Time and date of acc		
15. Did worker continue	working after accident? YES/NO. and date he ceased work:a.m	10
	work? YES/NO. If so, on what date?	
	If not, how long is worker likely to be away from work?	
	If necessary, continue your answers in this section on a separate sheet.) r doing when the accident occurred?	
10 What amircing as act	of our surger or surger (Including the Internet water) contributed to the contribu-	
	of any person or persons (including the injured worker) contributed to the accident	
20. Name the particular in the condition of the	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li	he ACCIDENT occurring (fting, and so on. Be specif
20. Name the particular if the condition of the (N 21. Name the item of equ	··· · · · · ·	he ACCIDENT occurring (fting, and so on. Be specif ccurring) tachine, tool, appliance, ob;
 Name the particular it the condition of the (N Name the item of equ condition of workpl ature of Injury 	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the imadequate lighting, what the worker struck against, or was handling or li ame any defect or omission in the equipment, workplace, etc., which contributed to the accident o injunent, object, etc. (and part thereof) which inflicted the DIVIEN. (State the	he ACCIDENT occurring (fting, and so on. Be specif ccurring) tachine, tool, appliance, ob;
 Name the particular if the condition of the order of the the second second condition of workpl ature of Injury 2. 	tem of equipment, object, etc. (and part thereof) which was directly responsible for t foor, the inadequate lighting, what the worker's struck against, or was handling or il fame any detce or omission in the sequences, workplace, etc., which contributed to the accident uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item):	he ACCIDENT occurring (fting, and so on. Be specif ccurring) tachine, tool, appliance, ob;
20. Name the particular if the condition of the (N 21. Name the item of equ condition of workpl ature of Injury 2. Nature of Injury 3. Part of body affected:	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li tame av defect or unistine in the equipment, workplace, e.c., which combuted to be academ uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): (Describe in detail, e.g., left lower leg)	he ACCIDENT occurring (fting, and so on. Be specil ccurring) tachine, tool, appliance, ob
Name the particular if the condition of the condition of workpl condition of workpl atere of Injury Z. Nature of Injury J. Part of body affected: 4. Doctor or hospital att 5. Medical Certificate at	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li tame av defect or unistine in the equipment, workplace, e.c., which combuted to be academ uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): (Describe in detail, e.g., left lower leg)	he ACCIDENT occurring (fting, and so on. Be specil ccurring) tachine, tool, appliance, ob
 Name the particular if the condition of the condition of workpl astere of Injury Nature of injury: Part of body affected: Doctor or hospital att Medical Certificate at Mero Details 	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il inane any detce or omission in the sequences, workplace, ec., which contributed to the accident uipment, object, etc. (and part thereof) which inflicted the INJUKY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., left lower leg) endet:	he ACCIDENT occurring (fting, and so on. Be specil ccurring) tachine, tool, appliance, ob
10. Name the particular if the condition of the condition of work and the second second second second second second second second second second second second second second second second second	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il imma any detect or omission in the sequences, workplace, etc., which contributed to the accident uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., left lower leg) ended: tached—VES/NO (if not attached, please forward as soon as possible). by worker? VES/NO. If so, to whom? and on what date? noon any negligence, direct or indirect? VES/NO. If so, state by whom and nature	he ACCIDENT occurring (ling, and so on. Be speci accurring) achine, tool, appliance, ob
10. Name the particular if the condition of the 10. Name the item of equ 11. Name the item of equ 12. Nature of injury: 2. Nature of injury: 2. Nature of injury: 4. Doctor or hospital att 5. Medical Certificate at there Details 6. Was accident reported 7. Was there in your opl 8. Name and position of	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il imma any detce or omission is the sequipment, workplace, etc., which contributed to the societor uijment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., left lower leg) ended: tached-VES/NO (if not attached, please forward as soon as possible). by worker? VES/NO. If so, to whom? and on what date? and on what date? and on what date? And the struct date of the solution of the soluti	he ACCIDENT occurring (ting, and so on. Be special excirne) achine, tool, appliance, ob excirne, tool, appliance, tool, appliance, tool, appliance, tool, excirne, tool, appliance, tool, exci
10. Name the particular if the condition of the (N)	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il imma any detect or omission is the sequences, were which contributed to the societor uijment, object, etc. (and part thereof) which inflicted the INJUKY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., left lower leg) ended: Tached-YES/NO (if not attached, please forward as soon as possible). by worker? YES/NO. If so, to whom? and on what date? and on what date? person in immediate charge:):	he ACCIDENT occurring (ting, and so on. Be special excirne) achine, tool, appliance, ob excirne, tool, appliance, tool, appliance, tool, appliance, tool, excirne, tool, appliance, tool, exci
Name the particular if the condition of the (Name condition of workpl ature of lajury 2. Nature of lajury 2. Nature of lajury 3. Part of body affected: 4. Doctor or bospital att 5. Medical Certificate at ther Details 6. Was accident reported 7. Was there in your opi 8. Name and position of 9. Name(s) of witness(cs not support Worker Relations 0. Is worker a member o 0. Is worker a to show bo	tem of equipment, object, etc. (and part thereo)) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li inane any detce to another the sequences, workplace, etc., which contributed to the accident infiment, object, etc. (and part thereoi) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): 	he ACCIDENT occurring (ting, and so on. Be specif certing) aachine, tool, appliance, ob twhat time? of such negligence:
 Name the particular if the condition of workpl stores of fairs? Name the item of equiparticle of the condition of workpl stores of fairs? Nature of injury: Part of body affected: Doctor or hospital att 5. Medical Certificate at ther Details? Name and position of 9. Name(s) of witness(centre of the condition of the store of the condition of 1. (a) (1) Was the work (1) fine of the store of t	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il imma any detect or omission is the sequences, were which contributed to the societor uijment, object, etc. (and part thereof) which inflicted the INJUKY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., left lower leg) ended: Tached-YES/NO (if not attached, please forward as soon as possible). by worker? YES/NO. If so, to whom? and on what date? and on what date? person in immediate charge:):	he ACCIDENT occurring (ting, and so on. Be specif certing) aachine, tool, appliance, ob twhat time? of such negligence:
Anne the particular if the condition of the monometry of the second condition of workpl ature of lajury 2. Nature of lajury 2. Nature of lajury 2. Nature of lajury 3. Part of body affected: 4. Doctor or hospital att 4. Doctor or hospital att 4. Doctor or hospital att 4. Most of the second 4. Was there in your opl 8. Name and position of 9. Name(s) of witness(cs 1. att of the second 1. att of the s	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li man any detect or omission in the sequipment, workplace, etc., which contributed to the accident uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): ——————————————————————————————————	he ACCIDENT occurring (tiling, and so on. Be specific curring) aachine, tool, appliance, ob t what time? of such negligence:
10. Name the particular if the condition of the (N) (N) the condition of workpl ature of lajury 2. Nature of lajury 2. Nature of lajury 2. Nature of lajury 3. Part of body affected: 4. Doctor or hospital att 5. Medical Certificate at there Datails 6. Was accident reported 7. Was there in your opl 8. Name and position of 9. Name(s) of witness(cs 1. (a) (f) Was the work mine of the a (ii) f(s), ohw lo (b) Was he working f othere contails (ii) f(s), ohw lo (b) Was he working f othere contails (ii) f(s), ohw lo (b) Was he working f (b) Was he working f (b) Mas he working f (b) Mas he working f (c) Gross weekly wag 4 and Heurs of lajured 1. (a) (c) Was hell working f 1. (a) (c) Was hell working f 1. (c) (c) (c) Was hell working f 1. (c)	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or il man any detect or omission is the sequipment, workplace, etc., which contributed to the sociated uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): 	he ACCIDENT occurring (filing, and so on. Be specific corring) aachine, tool, appliance, ob t what time? of such negligence:
 Name the particular if the condition of the condition of workpl attern of injury: Name the item of equ condition of workpl attern of injury: Part of body affected: Medical Certificate at ther Details Was accident reported Name and position of 8. Name and position of 9. Name(s) of witness(esp apploper-Worker Relations Is worken a member o Is or the and the second secon	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the macequate lighting, what the worker struck against, or was handling or li innear widtet or unsisten it is equipment, workpars, cr., which contributed to be ascident ignment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): medel: (Describe in detail, e.g., left lower leg) ended: (Describe in detail, e.g., left lower leg) (Describe in detail, e.g., left lower lower low lower low lower low lower lower low low left lower l	he ACCIDENT occurring (ling, and so on. Be specif corring) tachine, tool, appliance, ob t what time? t what time? t of such negligence:
10. Name the particular if the condition of the (n) (n) the condition of workpl ature of lajury 27. Nature of lajury 47. Declor or hospital att 5. Medical Certificate at ther Details 6. Was accident reported 7. Was there in your opl 8. Name and position of 9. Name(s) of witness(cs 09 far worker a member of 1. (a) (f) Was he working 16. ohow lo (b) Was he working the other and 16. Name: Address: y and Hours of lajured (a) Gross weekly wag (b) Average gross we 17 months (includ	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li man any detect or omission in the sequipment, workplace, etc., which contributed to the accident uipment, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): Describe in detail, e.g., htt lower leg) ended: Tached—VES/NO (if not attached, please forward as soon as possible). I by worker? VES/NO. If so, to whom? and on what date? VES/NO. If so, state by whom and nature person in immediate charge:	he ACCIDENT occurring (tiling, and so on. Be specific curring) achine, tool, appliance, ob t what time? of such negligence:
10. Name the particular if the condition of the (n) (n) the condition of workpl ature of lajury 27. Nature of lajury 47. Declor or hospital att 5. Medical Certificate at ther Details 6. Was accident reported 7. Was there in your opl 8. Name and position of 9. Name(s) of witness(cs 09 far worker a member of 1. (a) (f) Was he working 16. ohow lo (b) Was he working the other and 16. Name: Address: y and Hours of lajured (a) Gross weekly wag (b) Average gross we 17 months (includ	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was baadling or li innear optects or monitor the equipment, workpace, etc., which contribute to be accident injunct, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): ————————————————————————————————————	he ACCIDENT occurring (ting, and so on. Be specific exerting) achine, tool, appliance, ob achine, tool, appliance, ob t what time? of such negligence:
Name the particular is the condition of the condition of the condition of workpl at the condition of a condition of a condition of a condition of the condition of th	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was baadling or li innear optects or monitor the equipment, workpace, etc., which contribute to be accident injunct, object, etc. (and part thereof) which inflicted the INJURY. (State the m ace, substance, liquid, material, or any other item): ————————————————————————————————————	he ACCIDENT occurring (ling, and so on. Be specification of the specif

P. J. BROOKS, Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect. These regulations substitute a new employer's accident report form.

Issued under the authority of the Regulations Act 1936. Date of notification in *Gazette*: 20 December 1967. These regulations are administered in the Department of Labour.