

ENGINEERING REPORT COVERSHEET

NAME:
 ADDRESS:
 POST CODE: TEL:

1. Your personal details are required only to enable us to contact you for further details about any part of your report.
 2. You will receive an acknowledgement as soon as possible.
 3. This **whole** Report Form will be returned to you.
- No record of your name and address will be kept

Please complete relevant information about the event/situation

QUALIFICATION				DATE OF REPORT			
CPEng	<input type="checkbox"/>	IPENZ	<input type="checkbox"/>	Date of Report	/	/	/
LBP	<input type="checkbox"/>	Other	<input type="checkbox"/>	Approximate Date Concern was Noticed	/	/	/
AREA OF CONCERN							
Aerospace	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Bio	<input type="checkbox"/>	Civil	<input type="checkbox"/>	Geotechnical	<input type="checkbox"/>	Mining	<input type="checkbox"/>
Building Services	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Petroleum	<input type="checkbox"/>
Management	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Information	<input type="checkbox"/>		
RELATIONSHIP WITH MATTER				PROJECT STAGE			
Approved inspector	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Appointment	<input type="checkbox"/>	Commissioning	<input type="checkbox"/>
Client/developer	<input type="checkbox"/>	Consulting firm	<input type="checkbox"/>	Design process	<input type="checkbox"/>	Operation	<input type="checkbox"/>
Government	<input type="checkbox"/>	Research	<input type="checkbox"/>	Procurement	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Project manager	<input type="checkbox"/>	Academic	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	De-commissioning	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Company	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Lead engineer	<input type="checkbox"/>	Other	<input type="checkbox"/>	Installation	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Temporary Works	<input type="checkbox"/>		

ACCOUNT OF EVENT - (Please continue on other side or attach additional sheets if necessary)

Please place the completed report form, with additional pages if required, in a sealed envelope and send to:

Confidential Reporting, IPENZ Engineers New Zealand, P O Box 12 241 Wellington 6144