

INCIDENT AND INJURY REGISTER

| Date & Time | Details (name of person, description of accident, type of injury, how did it happen?) | Immediate Action Taken (indicate each action taken with a tick) | | | Worksafe Notification Required | | Company Investigation | | Toolbox Discussion | | Sign Off |
|-------------|--|--|-------------------|------------------------|--------------------------------|----|-----------------------|----|--------------------|----|----------|
| | | First aid | Corrective action | Review Hazard Register | YES | NO | YES | NO | YES | NO | |
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