Incident and Injury Register SSSP Form 8

All businesses are required to have processes for receiving, recording and evaluating information regarding any incidents or near-miss situations that occur.

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| Date and time ofoccurence |  | DetailsName of person (injured or observer), description of incident/near miss, type of injury/disease (if any). How did it happen? (briefly). |  | Immediate action taken? | Next steps | Signature anddate of signoff |
|       |  |       |  | First aid [ ]  Yes [ ]  NoCorrective action [ ]  Yes [ ]  NoUpdate/ reviewhazard register [ ]  Yes [ ]  NoReview hazardregister [ ]  Yes [ ]  No | Does this incident requirea WorkSafe notification [ ]  Yes [ ]  NoShould this incident beinvestigated by your [ ]  Yes [ ]  Nocompany (PCBU 2)?Is this incident the subjectof a toolbox talk? [ ]  Yes [ ]  No |       |
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