

## 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.

Date and time of	Details	Immediate action taken?			Next steps			Signature and
occurrence	Name of person (injured or observer), description of incident/near miss, type of injury/disease (if any). How did it happen? (briefly).						date of signoff	
/ / /		First aid	Yes I	No	Does this incident require a WorkSafe notification?	Yes	No	
		Corrective action Update/ review hazard register			Should this incident be investigated by your company (PCBU 2)?	Yes	No	/ / /
		Review hazard register	Yes I	No	Is this incident the subject of a toolbox talk?	Yes	No	
/ / /		First aid	Yes I	No	Does this incident require a WorkSafe notification?	Yes	No	
		Corrective action Update/ review hazard register			Should this incident be investigated by your company (PCBU 2)?	Yes	No	1 1
		Review hazard register	Yes I	No	Is this incident the subject of a toolbox talk?	Yes	No	
/ / /		First aid	Yes I	No	Does this incident require a WorkSafe notification?	Yes	No	
		Corrective action Update/ review hazard register			Should this incident be investigated by your company (PCBU 2)?	Yes	No	1 1
		Review hazard register	Yes I	No	Is this incident the subject of a toolbox talk?	Yes	No	