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 of occurence |  | Details  Name 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 and date of signoff |
|  |  |  |  | First aid  Yes  No  Corrective action  Yes  No  Update/ review hazard register  Yes  No  Review hazard register  Yes  No | Does this incident require a WorkSafe notification  Yes  No  Should this incident be investigated by your  Yes  No company (PCBU 2)?  Is this incident the subject of a toolbox talk?  Yes  No |  |
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