

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 occurrence	Details	Immediate action taken?	Next steps	Signature and date of signoff
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Name of person (injured or observer), description of incident/near miss, type of injury/disease (if any). How did it happen? (briefly).</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>First aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective action <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Update/ review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review hazard register <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does this incident require a WorkSafe notification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Should this incident be investigated by your company (PCBU 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this incident the subject of a toolbox talk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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