

Date:

Company

Site Name



# Site Incident and Injury Register

You are required by law to record these incidents in your company's own incident and injury register. This document is for site-specific reporting only.

Date and time <i>DD/MM/YY</i>	Details <i>Name of person (injured and observer), description of incident, type of injury/disease (if any). How did it happen? (briefly).</i>	Immediate action taken?			Does this incident require a WorkSafe notification?		Should this incident be investigated by your company (PCBU 2)?		Is this incident the subject of a toolbox talk?		Signature and date <i>DD/MM/YY</i>
		First aid	Yes	N/A							
		Corrective action	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	
		Update/ review hazard register	Yes	N/A							
		Review hazard register	Yes	N/A							
		First aid	Yes	N/A							
		Corrective action	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	
		Update/ review hazard register	Yes	N/A							
		Review hazard register	Yes	N/A							
		First aid	Yes	N/A							
		Corrective action	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	
		Update/ review hazard register	Yes	N/A							
		Review hazard register	Yes	N/A							
		First aid	Yes	N/A							
		Corrective action	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	
		Update/ review hazard register	Yes	N/A							
		Review hazard register	Yes	N/A							