

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 <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First aid <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First aid <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First aid <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	