**NSNZ Accident and Incident Register**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description of Incident**(Who, where and what happened?) | **What follow-up action is required?** | **Rehab Plan**(Yes/No) | **Hazard Register Updated?**(Yes/No) | **WorkSafe Notification Required?**(Yes/No) | **Date****Actions Completed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |