

**Accident / Incident Register**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time and Date** | **Description of Injury** | **When and How Accident or Incident Happened** | **Recorded into Hazard Register** | | **Recommended changes to Policies or Procedures** |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |
|  |  |  |  | Yes | No |  |

**NOTE:** All Serious Harm accidents must also be recorded on “Notice or Record of Accident / Serious Harm” form, and notified to WorkSafe <https://worksafe.govt.nz/notify-worksafe/>