

Event Register

All events (injury/incident/illness/near miss) are to be recorded no matter how insignificant they may appear at the time.
Contact HazardCo on 0800 555 339 to report the event.

Brief description of event:	Date of event:	Date HazardCo contacted:	Medical assistance required?	Investigation completed?	Notifiable event?	Discussed with workers?
			<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> GP/After Hours <input type="checkbox"/> Hospital A&E <input type="checkbox"/> Hospital Admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> GP/After Hours <input type="checkbox"/> Hospital A&E <input type="checkbox"/> Hospital Admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> GP/After Hours <input type="checkbox"/> Hospital A&E <input type="checkbox"/> Hospital Admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> GP/After Hours <input type="checkbox"/> Hospital A&E <input type="checkbox"/> Hospital Admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No