**ORCHARD ACCIDENT / INCIDENT REGISTER FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time & Date** | **Location** | **What and how did the accident, near miss or incident happen?** | **Injury description** | **What improvements have been made to prevent this incident from occurring again?** | **Recorded into the hazard register?**  **YES NO** | |
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*Note: If the incident is notifiable under the Health and Safety at Work Act 2015, you must preserve the scene, and report it as soon as possible to Worksafe (0800 030 040). WorkSafe “Notifiable Event” information.*