



## Accident/Injury Register

Person affected: \_\_\_\_\_

Date: \_\_\_\_\_

Reported by: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Complete this form for every accident/incident at premises controlled by Corporate Partners.  
(Where accident/injury occurs at a client site, use the company accident/injury process and forms and attach to this register.)

<i>DESCRIPTION OF INCIDENT</i>	<i>ACTIONS TAKEN</i>	<i>STEPS TO PREVENT RECURRENCE</i>	<i>FOLLOW-UP ACTION</i>

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