

D411

Injury/Illness Register

Business name	Maxicom (2013) Limited	Workplace/site address	20 Herekino Street Whangarei
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All Notifiable Injuries/Illnesses and Deaths must also be recorded on form D441, and if requested, forwarded to WorkSafe NZ within 48-hours.

Date and Time	Name of Person(s) involved	Details of the Injury/Illness	Where and How did the Injury/Illness occur	WorkSafe NZ notified Y/N	Has this been Investigated?	Investigation Number
		Only record injury or illness caused by work related incidents. None so far.				

Copy: H&S Officer, Officer of the PCBU, H&S Committee, Injury/Incident Investigator, H&S Folder # 04