D412

# Incident Register

| Business name | Maxicom (2013) Limited | Workplace/site address | 20 Herekino Street Whangarei |
|---|---|---|---|

**All Notifiable Incidents must also be recorded on form D442, and if requested, forwarded to WorkSafe NZ within 48-hours.**

| Date and Time | Name of Person(s) involved | Details of the Incident | Where and How did the Incident occur | WorkSafe NZ notified Y/N | Has this been Investigated? | Investigation Number |
|---|---|---|---|---|---|---|
| | | None so far | | | | |
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**Copy**: H&S Officer, Officer of the PCBU, H&S Committee, Injury/Incident Investigator, H&S Folder # 04

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