

INJURY REGISTER

Hazard/Incident Details

Date of Report: / Responsible Person/ Convenor: Person making report: (If reporting an INJURY, must be the details of the injured worker) Name: Region: Name: Venue Division: Telephone: Branch: Workplace: When did the Hazard/Incident/Injury occur? Telephone: Date 1 Time: am/pm Occupation: Who did you report the Hazard/Incident/Injury to? If applicable - Person completing this report on the injured workers behalf Location and address where the hazard/incident/injury occurred: Their position: Location: When did you report the injury to them? Address: Postcode: Date Time: 1 1 am/pm What duties were you doing immediately before the hazard/incident/injury occurred? Description of how the Hazard/Incident/Injury occurred: Injured Person/Person making report: Date: / Signatures: Responsible Manager: Date: Injury Details (should be completed by the injured worker) Describe the part of the body injured, and the injury sustained: Describe how the injury or disease occurred: exactly If there were any witnesses to the incident, name them below: Witness 2: Witness 1: Dr./Hospital: First Aid Given? Yes/No Immediate Treatment required: Yes/No If so, Given By: Did you cease work as a result of the injury? Yes/No (If Yes) Date: / / Time: am/pm (If Yes) Date: / / Time: have you resumed work Yes/No am/pm Workcover Claim? Yes/No