



INJURY REGISTER

Hazard/Incident Details

Date of Report: / /

| | | | |
|---|-----------|---|-------------|
| Person making report: (If reporting an INJURY, must be the details of the injured worker) | | Responsible Person/ Convenor: | |
| | | Name: | |
| | | Region: | |
| Name: | | Venue | |
| Division: | | Telephone: | |
| Branch: | | When did the Hazard/Incident/Injury occur? | |
| Workplace: | | Date / / | Time: am/pm |
| Telephone: | | Who did you report the Hazard/Incident/Injury to? | |
| Occupation: | | Their position: | |
| If applicable - Person completing this report on the injured workers behalf | | When did you report the injury to them? | |
| Location and address where the hazard/incident/injury occurred: | | Date / / | Time: am/pm |
| Location: | | | |
| Address: | Postcode: | | |
| What duties were you doing immediately before the hazard/incident/injury occurred? | | | |
| Description of how the Hazard/Incident/Injury occurred: | | | |
| Signatures: Injured Person/Person making report: | | Date: | / / |
| 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 1: | Witness 2: |

Immediate Treatment required: Yes/No | Dr./Hospital: | First Aid Given? Yes/No
If so, Given By:

Did you cease work as a result of the injury? Yes/No | (If Yes) Date: / / Time: am/pm

have you resumed work Yes/No | (If Yes) Date: / / Time: am/pm

Workcover Claim? Yes/No |