

Register of Injury

INJURED WORKER'S DETAILS / WORKER INVOLVED

Surname Given Names Sex

Address

Suburb State Postcode

Phone Date of Birth

Occupation

Employer

Address

Phone

ACCIDENT / INCIDENT DETAILS

Date of Event Time of Event

Activity and Area in which the Person was engaged at the time
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.....
.....

Type of Injury and Part of the Body Injured / Nature of incident
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.....
.....

Cause of Injury
.....
.....
.....

Treatment Given / Action Taken
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.....

Name of Person Administering First Aid
.....

Any Referral for Further Treatment
.....

Did the Injured Person Cease Work? YES / NO (circle one)
.....
.....
.....

Date

Time

Signature of Person Completing this Form
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