

SYDNEY TRAMWAY MUSEUM
REGISTER OF INJURY

Date:

Record Number (yy/nnn):

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
.....
.....

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

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

Treatment Given / Action Taken
.....
.....

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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