

REGISTER OF INJURIES

WORKER DETAILS

Family name:		First name:	
Position:		Department/team:	
Manager/supervisor's name:			

INJURY / ILLNESS DETAILS

Date of injury/illness:		Time of injury/illness:		<input type="checkbox"/> am <input type="checkbox"/> pm
Nature of injury/illness				
Bodily location of injury/illness				
Exact location at time injury/illness sustained				
Exact description of how the injury/illness was sustained				
Was any equipment involved in sustaining the injury/illness?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide details:</i>				
Were there any witnesses to the injury/illness?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please list the witnesses' full names as well as a contact number for each.</i>				

TREATMENT / FOLLOW UP

Was the injury reported to the worker's supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was any treatment provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide details.</i>		
Did the injured worker return to work following the injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide details.</i>		

DETAILS OF PERSON MAKING ENTRY

Family name:		First name:	
Position:		Department/team:	
Signature:		Date of entry:	
If you are not the injured worker, did you witness the injury/illness?			<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY WORKER'S MANAGER/SUPERVISOR

Has an investigation been conducted into the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What, if any, controls were implemented after the incident?		

EMPLOYER CONFIRMATION

Family name:		First name:	
Position:		Department/team:	
Signature:		Date:	

Injury notification requirements

- Employers must keep a **Register of Injuries** at each workplace for workers (or any person acting on behalf of a worker) to record any work-related injury or illness.
- The Register of Injuries must be readily accessible at all reasonable times to a worker employed in that workplace or a person acting on a worker's behalf.
- The employer must enter the workplace particulars of the injury in the Register of Injuries as far as reasonably practicable on receiving notice of an injury if the particulars have not yet been entered in the Register.
- An injured worker (or someone acting on their behalf) must notify the employer in writing of any work-related injury or illness that might entitle them to compensation within 30 days of becoming aware of the injury or illness. Notice of injury will be accepted as having been given if the workplace particulars of the injury are entered in the Register of Injuries.
- Employers must provide written confirmation to the worker that notice of injury/ illness has been received. It is recommended that employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim, the injured worker must complete a *Worker's Injury Claim Form*, available from Australia Post or online at worksafe.vic.gov.au