

[Type Your Company Name Here]

# Register of Injuries

July 2015



## **Getting Started:**

This template is designed to assist employers and other PCBUs who are required to keep a Register of Injuries (*Under Section 63 of the Workplace Injury Management and Workers Compensation Act 1998*) at every office, factory, workshop, mine or quarry.

Hefty fines can be imposed for failing to maintain this register.

## **INSTRUCTIONS**

Mail this form to all your office locations.

For every injury, this form is to be filled in triplicate.

The original is sent by the employer to the insurer.

The duplicate is maintained in a register.

A copy is returned to the injured employee

# Register of Injuries

**Business Name Here:**

**Insert Nature of Business:**

Details of Injured Worker	
First name:	Last name:
Date of Birth/Age:	Supervisor's name:
Position:	Department:
Home Address of Injured:	
Details of Injury	
Date of injury:	Time of injury:
Bodily location of injury:	Location at time of injury:
How was the injury sustained?	
Was there any equipment, substance or thing involved?	
Witnesses	
Name:	Contact:
Name:	Contact:
Name:	Contact:
Name:	Contact:

## Register of Injuries

### Follow up

Was the injury reported to the supervisor?

Was there any treatment given?

Did the worker return to work?

### Details of Person Making the Entry

First name:

Last name:

Position:

Department:

Date:

Signature:

If you are not the injured worker, did you witness the incident?

### To Be Completed By the Supervisor

Has an investigation about the incident been conducted? If yes, by whom?

What steps have been taken to ensure that it does not happen again?

