

# Injury and Incident Register



**\*\* Insert Manager's name and contact details before proceeding \*\***

|   |                    |
|---|--------------------|
| Date of entry: / /                              |                    |
| Name of person injured:                         | Date of birth: / / |
| Status (employee, contractor, visitor):         |                    |
| Address:  |                    |
| Signature (injured person or person reporting): |                    |

## Details of injury or incident

|   |                    |
|---|--------------------|
| <b>Date of entry or incident:</b> / /             | <b>Time:</b> am/pm |
| <b>Date reported:</b> / /                         | <b>Time:</b> am/pm |
| Injury / incident reported to:                    |                    |
| Injury / incident location:                       |                    |
| Activity engaged in at time of injury / incident: |                    |

## Details of the injury

|  |
|--|
| <b>Cause of the injury / incident:</b>             |
| Name of witness(es):                               |
| <b>First aid attendant (if applicable):</b>        |
| First aid treatment (if applicable):               |
| <b>Name and address of doctor (if applicable):</b> |

|                      |
|----------------------|
| Completed by:        |
| Notification:        |
| Police:              |
| Workcover Authority: |
| <b>Insurer:</b>      |

**\*\* File this document in the relevant farm folder and retain for five years \*\***