

register of injuries

tasmania



Section 1 injured worker details

Family Name

Given Names

Address

Postcode

Date of Birth / / Age

Sex Male Female

Marital Status

Occupation

Cost Centre/Dept

Section 2 accident details

Date of Injury / /

Time of Injury am/pm

Place/Site of Accident

Cause of Injury

Nature of Injury

Bodily Location

Incident/Accident Description

First Aid/Medical Treatment

Ceased Work? No Yes Date / / Time am/pm

Comments

Name of Person Entering Details

Signature

Date / /

Section 3 administrative details/follow up action

Workers Compensation Claim Lodged No Yes Date / /

Return to Work Co-ordinator Notified No Yes Date / /

Expected Date of Return to Duties / /

Alternate Duties

Accident Investigation carried out No Yes Person carrying out investigation

Date / /

Action taken to prevent same/similar injury happening again

Incident Notification Report made to Workplace Standards Authority (if applicable) No Yes

Comments

Signature

Date / /

Name

Position