[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 in 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:	

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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?		

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Employer confirmation	
I, <name></name> confirm receipt of this notification.	of hereby <company name=""></company>
Signature	Date

This information sheet has been prepared using the latest information available to Alsco. Alsco extends no warranties to the suitability of the information for your specific circumstances or the adequacy and completeness of the information provided herein.

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