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

Date of entry or incident: _____ **Time:** _____ **am/pm**

Date reported: _____ **Time:** _____ **am/pm**

Injury/incident reported to:

Injury/incident location:

Activity engaged in at time of injury incident:

Details of the injury

Cause of the injury incident:

Name of witness(es):

First aid attendant (if applicable):

First aid treatment (if applicable):

Name and address of doctor (if applicable):

Completed by:

Notification:

Police:

Workcover Authority:

Insurer:

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