****

**NOTE: All Injuries must be record on the following Register of Injuries**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General** | | | | | | | |
| Workplace Location | |  | | | | | |
| Injured Persons Name | |  | | | | | |
| Home Address | |  | | | | | |
| Date of Birth | |  | | | | Male 🞏 Female 🞏 | |
| Occupation | |  | | | | | |
| Employers Name | |  | | | | | |
| Employers Address | |  | | | | | |
| **Details of Injury** | | | | | | | |
| Date of Injury | |  | | Time of Injury | | | am 🞏 pm 🞏 |
| Activity in which the person was engaged at the time of injury | |  | | | | | |
| Exact location where injury occurred | |  | | | | | |
| Nature of injury e.g. fracture, burn, sprain, foreign body in eye. | |  | | | | | |
| Body location of injury e.g. ear, eye, face, neck | |  | | | | | |
| **Details of Treatment** | | | | | | | |
| Treatment provided  by First Aid Officer | Yes 🞏 No 🞏 | | Remarks: | | | | |
| Follow up treatment required | Yes 🞏 No 🞏 | | *If yes, an Incident Investigation Report must be completed with 24 hours* | | | | |
| Doctor/ Medical Centre attended |  | | | | | | |
| Date attended |  | | Medical Certificate Received | | Yes 🞏 No 🞏 | | |
| Treatment i.e. x-ray, prescription |  | | | | | | |
| Further consultation required | Yes 🞏 No 🞏 | | Injury Management required | | Yes 🞏 No 🞏 *If yes, notify the Return-to-Work Coordinator* | | |
| Name of Witness/es |  | | | | | | |
| Address of Witness/es |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Providing First Aid |  | | |
| Signature |  | Date |  |

**COMMENTS:**

Template sourced and adapted from WorkSafe WA OHSE SUBBYPACK Section two OHSE Management Plan

<https://www.commerce.wa.gov.au/sites/default/files/atoms/files/subby_packworddocuments.doc>

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Title** | **Document Custodian** | **Publish Date** | **Review Date** |
| **Register of Injuries** | Prompt Safety Solutions | May 2018 | May 2019 |
| **Doc. No** | **Revision** |  |