****

**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 providedby 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**  |  |