



Details of worker

Surname

Given name(s)

Address

Postcode

Occupation / Job Title

Male / Female

M F

Date of birth

Age

Employer (host) name

Supervisors name

Address of workplace

Postcode

Incident Injury Near Miss

Date of injury:

Time of injury:

am /pm

Location / department in which incident occurred:

Was the incident witnessed? No Yes

Name of Witness:

Part/s of body injured – If near miss, how could you have been hurt?

Has this part of your body been hurt / injured before? Yes No

Nature of injury (please tick)

<input type="checkbox"/> Burn	<input type="checkbox"/> Broken Bone	<input type="checkbox"/> Bruising / Contusion	<input type="checkbox"/> Electrical Shock
<input type="checkbox"/> Eye	<input type="checkbox"/> Laceration	<input type="checkbox"/> Musculoskeletal / Back	<input type="checkbox"/> Other:

Cause of injury / incident – Describe steps that lead up to the incident?

What were you doing at the time? Was PPE worn? – What exactly did happen?

Accident Investigation – What could have been done to prevent it?

Results of Investigation – What has or will be put in place to prevent the incident from happening again?

Details of medical treatment (if any)

Name of first aid attendant / doctor (if any)

Time lost (if any)

Days Hours

WorkCover compensation form lodged?

No Yes

Date lodged:

/ /

This Register entry completed by

Date

Note: This report is to be forwarded to Westvic Staffing Solutions without delay

Signature of worker

Signature of employer (host)