

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 ****