



# REGISTER OF INJURIES, INCIDENTS AND NEAR MISSES

## Details of Employee/Customer

Surname	First names		
<input type="text"/>	<input type="text"/>		
Address	Postcode		
<input type="text"/>	<input type="text"/>		
Occupation	Date of birth	Age	Marital status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Details of Injury/Incident

Location/department in which injury/incident occurred

Date of injury	Time of injury	Part of body injured
<input type="text"/>	<input type="text"/> a.m/p.m	<input type="text"/>

Nature of injury/incident

Cause of injury/incident

Address of workplace

First aid attendant	Time lost
<input type="text"/>	<input type="text"/> Days <input type="text"/> Hours

Details of first aid treatment

Accident investigation completed?

No  Yes  ►

Results of investigation

WorkCover compensation form lodged?	Was the incident witnessed?
No <input type="checkbox"/> Yes <input type="checkbox"/> ►	No <input type="checkbox"/> Yes <input type="checkbox"/> ►
Date lodged	If so, who by?
<input type="text"/>	<input type="text"/>

Register entry completed by	Date
<input type="text"/>	<input type="text"/>

Signature of Employee/Customer	Signature of Employer
<input type="text"/>	<input type="text"/>