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Bay 4, 15 Bosworth Street, Woolgoolga NSW 2456



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**3J EMPLOYMENT**

### **Register of injuries / illness**

#### **Injured / ill worker's details**

First name:		Last name:		Date of birth:	
Position:		Department/team:			
Volunteers:		Worker's address:			
Manager/supervisor's name:					

#### **Injury or illness details**

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness:				
Bodily location of injury/illness (for illnesses include symptoms):				
Location at time of injury:				
How was the injury/illness sustained (cause of injury /illness):				
Was any plant, equipment, substance or thing involved in the injury/ illness? If yes, please provide details:				

#### **Witnesses**

Were there any witnesses to the injury/illness? Yes or No. If yes, please list name and contact number for each witness:				
Name:		Contact:		



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Name:		Contact:	
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	

### Follow up

Has the injury been reported to the worker's supervisor? Yes or No:	
Was any treatment provided? Yes or No. If yes, please provide details:	
Did the injured worker return to work following the injury/illness? If yes, please provide details:	

### Details of person making this entry

First name:		Last name:	
Position:		Department/team:	
Signature:		Date:	
If you are not the injured worker, did you witness the injury/illness? Yes or No			

### TO BE COMPLETED BY MANAGER/SUPERVISOR OF INJURED / ILL WORKER

Has an investigation been conducted into the incident? If yes, by whom?	
What controls have been implemented to ensure the incident doesn't happen again:	

### Employer confirmation



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I, \_\_\_\_\_ (print name), of  
\_\_\_\_\_  
(insert company name),

Hereby confirm receipt of this notification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information in relation to Work Health and Safety Laws**

If you are responsible under the Work Health and Safety (WHS) laws for workers other than employees, for example contractors, you may not be required under workers compensation laws to record injuries in your register of injuries. However you may find it helpful to do so. If you wish to include details of all injuries in the one place you should add space in the template to indicate whether or not the person is an employee for workers compensation purposes.

**Additional resources**

Please refer to the [Workers Compensation Regulation 2016](http://www.legislation.nsw.gov.au) (www.legislation.nsw.gov.au) for more detailed information.

**Further Information**

Contact SafeWork NSW Customer Service on **13 10 50** or visit [safework.nsw.gov.au](http://safework.nsw.gov.au).