

# Register of Injury

Registration Number:

Employer Copy:

Injured Worker Copy:

Accident/Incident Report:

## EMPLOYER PARTICULARS

Company	
Address	

## NATURE OF INCIDENT

First Aid     
  Doctor/Hospital     
  Property Damage     
  Near Miss Hazard

## PARTICULARS OF INJURED WORKER

Status of injured Party: (Please ✓ the appropriate box)		<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Name	<i>Surname</i>	<i>First Name</i>		
Address				
Date of Birth	/ /	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Department		Supervisor's Name	Occupation	

## INCIDENT DETAILS

Time and date of incident (if illness, date reported)

(24 hour clock format)     
 Date:  /  /

Date and Time of Report

(24 hour clock format)     
 Date:  /  /

Time Lost: Days  Hours

Return to Work Date:  /  /  Time:

Proportion of shift worked:   
 25% or less   
 26% - 50%   
 51% - 75%   
 76% - 100%   
 Overtime

Where did the incident occur?

What were you doing prior to incident? (e.g. typing, packing, loading stock, etc.)

Describe incident (giving location and details)

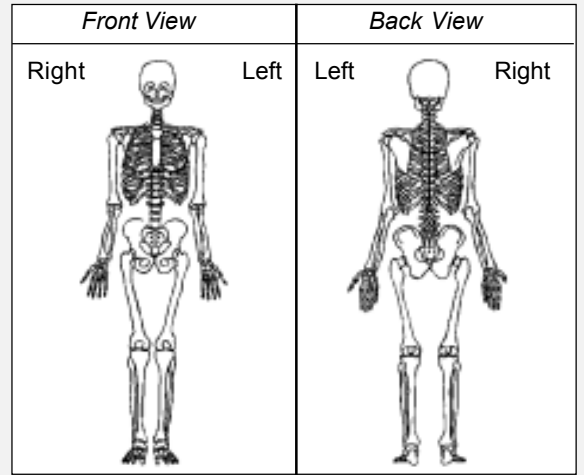
## INJURY DETAILS

Did you sustain an injury as a result of the incident?  Yes  No

If "Yes", how was the injury or disease sustained?  
(e.g. arm hurt after long period of typing)


Body location of injury or disease? (Also, circle injured body location on the diagram)

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## WITNESSES

Were there any witnesses to the incident?  Yes  No

Surname

--

First Name

--

Phone No.

--

Surname

--

First Name

--

Phone No.

--

## NAME OF PERSON MAKING ENTRY

Surname

--

First Name

--

Signature

--

(24 hour clock format)

Date:

	/		/	
--	---	--	---	--

M

T

W

T

F

S

S

Has a Workers' Claim form been completed?  Yes  No

Claim Form completed by

--

Date:

	/		/	
--	---	--	---	--

## EMPLOYER ACKNOWLEDGEMENT

I 

--

 of 

--

(print name)

(company name)

hereby acknowledge receipt of this notification.

Date:

	/		/	
--	---	--	---	--

Signature:

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## REQUIREMENTS OF INJURY NOTIFICATION

- 1. Employers** must keep a **Register of Injuries** at each workplace, for employees to record any workplace injury or disease.
- An **injured worker** (or persons acting on their behalf) must notify the employer in writing of any workplace injury within 30 days of becoming aware of the injury or disease.
- 3. Employers** must provide written acknowledgement to the injured worker that he or she has received notification of the injury or disease.
- 4. Employers** should provide a signed and dated copy of this entry to the injured worker.
- To make a **WorkCover claim**, the injured worker must fill in a WorkCover Workers' Compensation Claim form, which is available from your employer or WorkCover Agent.
- Employer must prepare a **return to work** plan for any injured worker who is off work for 20 days or more.
- If you require additional information or assistance with setting up a register of injury or any aspect of making a claim, please contact us on **(03) 9246 2444** or toll free on **1800 817 820**.
- If any injury requires first aid, review the circumstances surrounding the injury to identify the cause(s) and use the **accident investigation report** as an added tool to record the particulars of the circumstances surrounding the incident.

## AUTHORISED WORKCOVER AGENT IS



QBE MERCANTILE MUTUAL



Mercantile Mutual Worksure Limited trading as QBE Mercantile Mutual Workers' Compensation ABN 99 060 159 757

**Melbourne**  
Level 8, 628 Bourke Street  
Melbourne VIC 3001  
Phone: 03 9246 2444  
Facsimile: 03 9246 2400  
Toll Free: 1800 817 820

**Bendigo**  
Level 1, 3 View Point  
Bendigo VIC 3550  
Phone: 03 5440 4700  
Facsimile: 03 5441 6362  
Toll Free: 1800 807 585

**Shepparton**  
164 Maude Street  
Shepparton VIC 3630  
Phone: 03 5831 2222  
Facsimile: 03 5831 1047  
Toll Free: 1800 807 628

[www.qbemm.com.au/workerscomp/](http://www.qbemm.com.au/workerscomp/)

### Disclaimer

This register of injuries template is prepared exclusively for clients and intermediaries of QBE Mercantile Mutual Workers' Compensation. It is not intended to have legal implications, it is provided to clients and intermediaries as a tool, which meets the Victorian WorkCover Authority's requirements.