# Register of injuries or illness (sample template)

## After an injury

An injured worker (or someone acting on their behalf) must notify the employer of any work-related injury or illness – in writing or verbally – as soon as possible.

The employer must notify their insurer within 48 hours of receiving a report of a work-related injury.

## Name of your business

Nature of your business/industry

## **Worker’s details**

To be completed by the worker or employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | Last name |  |  | Date of birth |  |
| Position |  | Department/team |  |  | | |
| Manager/ supervisor’s name |  | Worker’s address |  |  | | |

## 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 | | | | |
|  | | | | |
| What caused the 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 the name and contact number for each witness |
|  |

## 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 worker return to work after 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 worker, did you witness the injury/illness? Yes or No | | |  |

## To be completed by manager/supervisor of 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

I, **[print name]** of **[insert company name]** hereby confirm receipt of this notification.

Signature:

Date:

## 

## Requirements for injury and illness registration

An employer must keep a register of injuries in the workplace.

The register of injuries needs to be:

* readily available to workers
* maintained by the manager of any mine or quarry, or the occupier of any factory, workshop, office or shop
* in a format that meets privacy requirements
* used by workers to record any workplace injury or illness, whether or not it results in a worker’s compensation claim.

The register may be kept in electronic form only if the employer provides education, training and facilities to ensure that workers can access the register.

If you are responsible under the work, health and safety 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 your register, you should adjust the template to indicate whether or not the person is a worker for workers compensation purposes

## More information

* Contact the State Insurance Regulatory Authority on **13 10 50** or visit [sira.nsw.gov.au](http://workcover.nsw.gov.au/)
* Refer to the Workers Compensation Regulation 2016 at [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)