# Injury & Incident Register and Investigation Report

## Register of Injuries

The Register of Injuries can be a diary, exercise book or electronic file where all the information is recorded. It should be completed by the injured worker or by someone on their behalf.

Your register must contain the following information:

* The injured workers’ name.
* Their occupation or job title.
* The time and date of the injury.
* The exact location of the incident where they were injured.
* Exactly how the injury occurred.
* The nature of the injury and what parts of their body were affected.
* The names of any witnesses.
* The date of entry in the register.
* The name of the person completing the register, if they are not the injured worker.

Advice and templates regarding standard operating procedures and policies are available to help you develop your farm procedures and policies and keep necessary records of any incidents. ??

## Register injuries and incidents

When an injury (minor or major) has occurred the injured person must:

* report the injury or work-related illness to their supervisor or employer as soon as possible;
* enter the details in the injury and incident register or have another person complete the register; and
* obtain a WorkCover medical certificate from the treating doctor, where the injury requires such treatment, and give the certificate to the employer.

Injury and incident records must be retained for at least 5 years.

## Accident and Incident Investigation Report

Depending on the severity and preventability of the incident, the employer or farm owner may be required to fill out an Investigation report as well. If it is likely that a WorkCover or other insurance claim will result from the incident, a copy of the report will need to be submitted with the claim.

# Injury and Incident Register

Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of entry \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (employee, contractor, visitor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

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(injured person or person reporting)

## Details of injury or incident

Date of injury 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

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## Details of injury or incident continued…

Cause of the injury / incident

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Name of witness(es)

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First aid attendant (if applicable)

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First aid treatment (if applicable)

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Name and address of doctor (if applicable)

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### Completed by

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Witness

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Police

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WorkCover Authority

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Insurer

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# Injury and Incident Investigation Report

Date of report \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Date of incident \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Location of incident

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### Investigation team:

Manager or supervisor

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Safety officer

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Employee or other person working on the farm

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Check boxes as appropriate

☐ lost time

☐ medical treatment

☐ first aid

☐ none

☐ reported to WorkCover insurance agent

Details of damage (plant / equipment / property)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Details of accident / incident

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Key contributing features

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Immediate causes

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Underlying causes

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Intermediate action taken to prevent further risk of injury or recurrence

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Recommendations

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Action and responsibilities

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Name of manager or supervisor Completion date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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Signature

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