

Staff Register of Injuries and Investigation Form



1. Name of person reporting the incident

Family name:		First name:	
Position:		Service name:	

2. Details of any person Injured: (if different from the person reporting)

Family name:		First Name:	
Position:		Service name:	

3. Incident Details

Date of incident:		Time of Incident:	am/pm
Describe <u>what</u> happened, <u>how</u> the injury was sustained?			
What is the injury?			
The location at the time of injury?			
If equipment, materials or the environment was involved in the incident / injury, please name/describe the equipment, material or environment			
Treatment Required: (tick applicable box)			
<input type="checkbox"/> None <input type="checkbox"/> First aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Other			
Was the incident reported to the Nominated Supervisor or Superior in Day to Day charge at the time of the incident Y / N			
Did the injured worker return to work following the injury?		Yes / No (Please circle your response)	
If yes, please provide details:			

4. Witnesses:

Were there any witnesses to the incident / injury?		Yes / No (Please circle your response)	
If yes, please list the witnesses' full names as well as a contact number for each.			
Name:		Name:	
Name:		Name:	

5. Declaration:

I confirm that the information given in this form is true, complete and accurate:			
Name:			
Signature:		Date:	

6. Initial Investigation and Prevention Investigation (to be completed by the Nominated Supervisor)

Action taken/recommended to reduce risk or prevent reoccurrence.

Consider the contributing factors identified prior (i) equipment (ii) materials (iii) environment, physical layout (iv) people, knowledge, training, behaviour, culture, supervision, methods, procedures.

Has an investigation been conducted into the incident at the service?	Yes / No (Please circle your response)	
What, if any, action/s have been undertaken to ensure the incident does not happen again?		
If equipment, material or environment was identified as contributing to the injury please upload a photo and details to the IMS Compliance checklist.		
Does this require any further follow up from ECKA management?	YES	NO

7. Employer Confirmation (CEO)

<p>I (print name), of</p> <p>Eureka Community Kindergarten Association Inc. (ECKA) hereby confirm receipt of this notification.</p> <p>Signature: _____ Date: _____</p>

Requirements of injury notification:

- Employers must keep a **Register of Injuries** at each workplace for employees to record any workplace injury or illness.
- An injured worker (or someone acting on their behalf) must notify the employer in writing of any work-related injury or illness within 5 days of becoming aware of the injury or illness.
- Employers must provide written confirmation to the injured worker that they received notification of the injury or illness.
- Employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim the injured worker must complete a *Worker's Injury Claim Form*.