

Return to Work Toolkit

Register of Injuries Template

July 2011

Getting started

The Return to Work Toolkit is designed to assist employer's Return to Work Coordinators perform their role effectively. Using the toolkit is optional; however it can make return to work planning easier.

Every workplace should have a Registry of Injuries. This form suggests the type of information that should be included in an entry into this Registry.

This template can be customised to suit your workplace and needs. Simply delete this box when you're ready to start and insert your own workplace branding and information.

The Return to Work Toolkit is available to download from worksafe.vic.gov.au/rtw

Register of Injuries

Section 1: Injured worker details

Family name:		First name:	
Position:		Department/team:	
Manager/supervisor's name:			

Section 2: Injury/illness details

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness				
Bodily location of injury/illness				
Exaction location at time of injury				
Describe how the injury/illness was sustained				
Was any equipment involved in the injury/illness?			Yes / No (Please circle your response)	
<i>If yes, please provide details:</i>				

Section 3: Witnesses

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

Section 4: Follow up

Was the injury reported to the worker's supervisor?	Yes / No (Please circle your response)
Was any treatment provided?	Yes / No (Please circle your response)
If yes, please provide details.	
Did the injured worker return to work following the injury?	Yes / No (Please circle your response)
If yes, please provide details.	

Section 5: Details of person making this entry

Family name:		First name:	
Position:		Department/section:	
Signature:		Date:	
If you are not the injured worker, did you witness the injury/illness?		Yes / No (Please circle your response)	

Section 6: To be completed by manager/supervisor of injured worker

Has an investigation been conducted into the incident?	Yes / No (Please circle your response)
What, if any, controls were implemented to ensure the incident doesn't happen again?	

Section 7: Employer confirmation

I, (print name), of
..... (insert company name),
hereby confirm receipt of this notification.

Signature: Date:

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 30 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*, available from the Australia Post.

