



REGISTER OF INJURIES

A Register of Injuries is to be kept by all employers in a place readily accessible by workers. It allows the worker to notify the employer of an injury. The Register of Injuries provides the employer with a useful tool to analyse injury patterns and therefore reduce the risk of subsequent injuries. Many employers also use the Register of Injuries for the reporting of 'near misses'. Employers can learn about hazards in the workplace and rectify them before accidents occur.

The Workplace Injury Rehabilitation and Compensation Act 2013 (WIRC Act section 17 and 18) requires an employer to keep a register of injuries. An employee must record an injury within 30 days of the injury or as soon as practicable.

Alternatively, a worker, or anyone acting on the worker's behalf, may enter the workplace particulars of the injury in the register of injuries. The employer must acknowledge notification of an injury in writing. This is as simple as signing the Register of Injuries and giving the injured person the employee copy.

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.

DON'T TAKE THE RISK

Need assistance with your Occupational Health and Safety obligations? Let us help you achieve best practice and reduce your business risks.

- > Call the Workplace Relations Helpline on (03) 8662 5222 for answers to basic enquiries.
- > Engage one of our professional consultants who specialise in delivering best practice models.
- > Check the Victorian Chamber's Guide to OHS Legislation, which sets out the main legislative requirements in plain language at victorianchamber.com.au
- > Attend one of our many briefings or training sessions.

Victorian Chamber of Commerce and Industry

Level 3, 150 Collins Street, Melbourne Victoria 3000 (GPO Box 4352, Melbourne, 3001)

Phone: (03) 8662 5333 victorianchamber.com.au info@victorianchamber.com.au

WorkSafe Victoria

1 Malop Street, Geelong Victoria 3220 Phone (03) 9641 1555 Toll Free 1800 136 089 worksafe.vic.gov.au info@worksafe.vic.gov.au

Important Disclaimer

The Victorian Chamber of Commerce and Industry, its principals, affiliates, directors, author(s), or any of the persons involved in the preparation and distribution of this publication expressly disclaim all and any contractual, tortious, or other form of liability to any person (purchaser of this publication or not) in respect of the publication and any consequences arising from its use by any person in reliance upon the whole or any part of the contents of this publication.

The information contained in this register was obtained from sources believed to be reliable. The Victorian Chamber of Commerce and Industry, its principals, affiliated, director(s) or other persons as above, do not accept responsibility for such information and state that the publication is of a general nature only and neither represents nor is intended to be advice on any particular matter. Whilst every care has been taken in its preparation no person should act specifically on the basis of the material contained herein without considering and taking professional advice.

REGISTER OF INJURIES



Company							
Company name (registered trading name):							
Address (premises at which worker is employed):							
Date of entry							
Day: Month:	Yea	nr:					
Injured worker							
Surname:		Given names:					
Job title:							
Date: Day: Month:		Year:					
Date							
a) When did you first become aware of your injury/condition?							
Date: Day: Month: or		Year:					
b) Accident date: Day:	Month:	Year	:	Time:	AM	or PM	
Injury / condition							
Nature of injury / condition:							
Part of body:							
Detail							
Exact location in the workplace when injured:							
Exact description of how the injury occurred:							
Witnesses							
Surname:		Given names:					
Surname:		Given names:					
Entry							
Injured employee's signatures (are re-	orcon making ontry						
Injured employee's signature: (or person making entry) Full name:							

REGISTER OF INJURIES



Acknowle	edgement of rece	ipt of injury notification (to be complet	ted by employer)
Family 2.3	·:		
Employer's S Full name:	oignature:		
Full name:			
Follow up			
	reported to the worke	r's supervisor?	
	ment provided?		
Did the injured	d worker return to work	following the injury?	
If yes, provide	details		
To be comi	nleted by manage	r/supervisor of injured worker	
	gation been conducted ontrols were implement	into the incident? ted to ensure the incident doesn't happen again?	
,	·	., .	
Employer's Sig	nature:		
Full name:			
Day:	Month:	Year:	