



Register of injuries/illnesses – template

Employers are required to keep a register of injuries that is readily accessible in the workplace (Under Section 63 of the *Workplace Injury Management and Workers Compensation Act 1998*). The manager of any mine or quarry, or the occupier of any factory, workshop, office or shop is responsible for this register of injuries.

Requirements of injury and illness registration

- Employers must keep a Register of Injuries at each workplace for workers to record any workplace injury or illness whether or not it results in a worker's compensation claim.
- The register of injuries may be kept in electronic form only if the employer provides education, training and facilities to ensure that workers are able to access the register.
- An injured worker (or someone acting on their behalf) must notify the employer in writing, or verbally, of any work-related injury or illness as soon as possible after an injury has happened.
- Employers must notify their insurer within 48 hours of receiving a report of a work-related injury.

(INSERT YOUR BUSINESS NAME HERE)

(INSERT NATURE OF BUSINESS/INDUSTRY)

Worker's details

First name: _____ Last name: _____ Date of birth: _____

Position: _____ Department/team: _____

Volunteers: _____ Worker's address: _____

Manager/supervisor's name: _____

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: _____

How was the injury/illness sustained (cause of 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 name and contact number for each witness:

Name: _____ Contact: _____

Follow up

Has the injury been reported to the worker's supervisor? Yes/No

Was any treatment provided? Yes or No. If yes, please provide details:

Did the injured worker return to work following 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 injured worker, did you witness the injury/illness? Yes/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: _____

Information in relation to work health and safety laws

If you are responsible under the work health and safety (WHS) 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 the one place you should add space in the template to indicate whether or not the person is an employee for workers compensation purposes.

Additional resources

Please refer to the Workers Compensation Regulation 2016 (www.legislation.nsw.gov.au) for more detailed information.

Further Information

Contact SIRA on 13 10 50 or visit www.sira.nsw.gov.au.
