OHS F13 Register of injuries

Collective Civil Pty Ltd records all injuries in the following register.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General** | | | | | | | | | | |
| Workplace Location | |  | | | | | | | | |
| Injured Persons Name | |  | | | | | | | | |
| Home Address | |  | | | | | | | | |
| Date of Birth | |  | | | | | Male  Female | | | |
| Occupation | |  | | | | | | | | |
| Employers Name | |  | | | | | | | | |
| Employers Address | |  | | | | | | | | |
| **Details of Injury** | | | | | | | | | | |
| Date of Injury | | |  | | | Time of Injury | |  | | am  pm |
| Activity in which the person was engaged at the time of injury | | |  | | | | | | | |
| Exact location where injury occurred | | |  | | | | | | | |
| Nature of injury e.g. fracture, burn, sprain, foreign body in eye. | | |  | | | | | | | |
| Body location of injury e.g. ear, eye, face, neck | | |  | | | | | | | |
| **Details of Treatment** | | | | | | | | | | |
| Treatment provided  by First Aid Officer | Yes No | | | Remarks: |  | | | | | |
| Follow up  treatment required | Yes No | | | *If yes, an Incident Investigation Report must be completed with 24 hours* | | | | | | |
| Doctor/ Medical  Centre attended |  | | | | | | | | | |
| Date attended |  | | | Medical Certificate Received | | | Yes  No | | | |
| Treatment i.e. x-ray, prescription |  | | | | | | | | | |
| Further consultation required | Yes No | | | Injury Management required | | | Yes  No | | | *If yes, notify the Return-to-Work Coordinator* |
| Name of Witness |  | | | | | | | | | |
| Address of Witness: |  | | | | | | | | | |
| Name of Person Providing First Aid | | | |  | | | | | | |
| Signature | | | |  | | | Date | |  | |