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 providedby 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 |  |