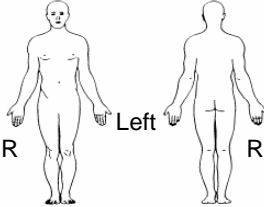


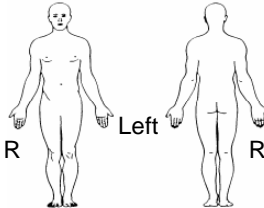
Injury Register

| | |
|----------------------------|--------------|
| Surname: | Given Names: |
| Date of Birth: __/__/__ | Occupation: |
| Home Address: | |
| Telephone N ^o : | |

| | |
|--|---|
| Date of Incident __/__/__ | Time of Incident ____ am/pm |
| Precise Location of Incident: | |
| Describe what happened: | |
| Nature of injury/illness (e.g. cut, sprain, dermatitis): | |
| Specify Location of Injury on Body & Mark Location on the Diagram: |  |
| Name(s) of any witnesses: | |
| Suggest what should be done to stop it happening again: | |
| Signed (injured worker): | |
| Date: __/__/__ | |
| Is the injury notifiable (to WorkCover)? | Yes/No |
| Signed (contractor): | |
| Date: __/__/__ | |

Injury Register

| | |
|----------------------------|--------------|
| Surname: | Given Names: |
| Date of Birth: __/__/__ | Occupation: |
| Home Address: | |
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| Date: __/__/__ | |