

Register of Injuries



GallagherBassett

Section One: Injured Worker Details

Surname: First name:

Position: Department/Section:

Supervisor's Name:

Section Two: Injury Details

Date of Injury: / / Time of Injury: am/pm

Nature of Injury:

Bodily location:

Where were you when the injury/illness occurred?

Describe exactly how the injury/illness was sustained?

Detail any equipment involved in the injury/illness:

List names of any witnesses:

Section Three: Follow up

Was the incident reported to your supervisor? Yes/No

Was any treatment required? Yes/No

First Aid Physio Chiro Casualty Hospitalisation

Other (please state)

Did the injured worker return to work following the injury? Yes/No

Section Four: Details of person completing form

Surname: First name:

Position:

Signature: Date:

If you are not the injured worker, did you witness the accident? Yes/No

Section Five: To be completed by Manager/Supervisor

Has an investigation been conducted into the incident? Yes/No

What if any controls have been implemented to ensure the incident doesn't re-occur?

To acknowledge the receipt of this notification, please sign below:

Surname: First name:

Signature: Date: