



## INJURY REPORT FORM

**Enter all information onto IRMS within 12 hours – refer notes page 4**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

### Worksite

1. Worksite:	Location No:
Name of Site Manager:	Telephone:
Date of Injury:     /     /	Time of Injury (24hr clock) :     :     Hour

### Affected Person

2. Surname	First Name
Date of Birth:     /     /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the affected person a DECD worker? <input type="checkbox"/> Yes (Go to Section 2A) <input type="checkbox"/> No (Go to Section 2B)	

### 2A DECD Worker

ID NO:	Employment: <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Contract
	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Work Role: <input type="checkbox"/> Teacher <input type="checkbox"/> SSO <input type="checkbox"/> Site Manager <input type="checkbox"/> Line Manager <small>supervisory role other than site manager</small> <input type="checkbox"/> ECW <input type="checkbox"/> AEW <input type="checkbox"/> GSE <input type="checkbox"/> PS Act Worker <input type="checkbox"/> Director <small>Director/Corporate</small>	
Was time lost from work? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(More than half day)</small> Date ceased work:     /     / Time:     :     Hours <small>(24 hour clock)</small>	
Will a workers compensation claim be lodged? <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <small>If Yes, forward WorkCover SA claim form and Prescribed Medical Certificate as soon as possible to: Health &amp; Safety Services, Courier R21/7 Injury Management Helpline Tel: 8226 7555 available for advice.</small>	

Name of Person completing form:

### 2B Non-DECD person

Status: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Voluntary Worker <input type="checkbox"/> Other <small>e.g. Paid by Site, Govt.</small>	
Home Address:  Post code:	Telephone:
Name of person in charge: <small>i.e. DECD person on duty at time.</small>	Work Role:

### 3. Details and Initial Assessment of Injury if insufficient space is provided on this form, please attach additional sheet

What was the affected person doing at the time?
What happened?

### 4. Description of prior events and contributing factors

Describe any prior act or event that may have led up to the injury.
---------------------------------------------------------------------

### 5. Witnesses if applicable

# Injury Report How To

**Etats-Unis**



## **Injury Report How To:**

**Mine Safety : Federal Efforts to Improve Inspections and Injury Reporting** United States. General Accounting Office,1987      **Legal and Ethical Issues** Susan Westrick Killion,Katherine Dempski,2000 Authored by two nurse attorneys Legal and Ethical Issues examines topics from basic legal foundations to complicated legal issues challenging nurses everyday As part of the Quick Look Nursing series this book provides legal and ethical information from the nursing core curriculum in a unique format that sets it apart from anything else available to nursing students This book should be helpful as a course supplement as an aid in preparation for course examinations and as a tool to prepare for the NCLEX

*Southwide Injury Reporting Survey, 1967-79* ,1982      *Federal Register* ,1993-07-21      Employers' Liability for Personal Injuries to Their Employees Charles G. Fall,1883      *Illinois Violent Injury Reporting* ,2000 Explains the legal mandate reporting requirements and other details of the Illinois Dept of Public Health s statistical registry started in March 1998 of victims of violent injuries in Illinois Includes pie charts depicting 1998 and preliminary 1999 statistics on child adult maltreatment and violent injuries according to gender Also contains 2 sample reports from reporting facilities      *Report of the State Entomologist on Injurious and Other Insects of the State of New York* New York (State). State Entomologist,1897

*Annual Report of the Board of Railroad Commissioners* ,1880      **Report of the Industrial Accident Commission of the State of California** California. Industrial Accident Commission,1918      *Annual Report of the Secretary of State on the Registration of Births and Deaths, Marriages and Divorces in Michigan ...* Michigan. Department of State,1895      Reports from the Consuls of the United States on the Commerce, Manufactures, Etc., of Their Consular Districts Etats-Unis,1881

**Bulletin of Miscellaneous Information** ,1892      index to the reports of committees of the house of representatives for the first and second of the forty - fifth congress 1877 - 1878 ,1878      Report of the Inspector of Mines for the State of Idaho for the Year ... Idaho. Inspector of Mines,1948      The Science of Railways Marshall Monroe Kirkman,1895      District of Columbia Register ,2006      **Bulletin** ,1917      **Working with Young Children** Judy Herr,2004 Applies child development principles to child care settings      **The Law Reports** Incorporated Council of Law Reporting for England and Wales,1882      *The Criminal Law Journal* ,1986

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