



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 & 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 Review Customer Service

California



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Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2003:

Department of Labor United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2002 *Agreements, Forms and Checklists for Risk Managers* Bryan E. Hopkins,2014-04 In today s business environment companies either properly manage the complex world of legal and corporate risk or suffer the consequences The wrong decision can kill a company but how can those responsible for risk management keep on top of company needs In this guide author Bryan E Hopkins discusses the numerous areas of legal and corporate risk that managers and their company counsels face Hopkins provides agreements forms and checklists needed to implement a sound legal risk management program and mitigate shift and prevent legal and corporate risk through careful management Managers and practitioners will also find practical and detailed information on how to identify legal risk and use legal and corporate risk management contracts and checklists Written by an international lawyer and corporate counsel with decades of experience in risk management *Agreements Forms and Checklists for Risk Managers* seeks to help you deal with processes and procedures needed to protect any organization in today s complex and hostile business environment **Departments of Labor, Health and Human Services, Education, and Related Agencies**

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