



## 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.
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### 5. Witnesses if applicable

# Injury Report Vs Customer Service

**Rosina Ehmann**



## **Injury Report Vs Customer Service:**

Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2006 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2005      Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2007: Department of Labor United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2006      **Accountability Report** United States. Department of Labor,1997      **Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2003** United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2002      **Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2001: Department of Labor** United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2000      Leisure and Tourism Peter Hayward,2000 By working through this text readers will cover the full range of topics needed for the GNVQ The book gives the readers an opportunity to to learn to work with others as a member of a group and to take responsibility for their own learning      **Government Employee Relations Report** ,2000      Monthly Catalogue, United States Public Documents ,1995      **Reports of Cases Argued and Determined in the Appellate Court of the State of Indiana** Indiana. Appellate Court,1893 With tables of the cases reported and cases cited and an index varies      Reports of Cases Heard and Determined in the Supreme Court of the the State of New York [1874-1895]. New York (State). Supreme Court,1875      **Monthly Catalog of United States Government Publications** ,1995      **Reports of Equity, Election, and Other Important Cases, Argued and Determined Principally in the Courts of the County of Philadelphia** Frederick Carroll Brewster,1871      Kansas Reports Kansas. Supreme Court, Elliot V. Banks,William Craw Webb,Asa Maxson Fitz Randolph,Gasper Christopher Clemens,Thomas Emmet Dewey,Llewellyn James Graham,Oscar Leopold Moore,Earl Hilton Hatcher,Howard Franklin McCue,1970      American Law Reports ,1986      **American Negligence Reports, Current Series** John Milton Gardner,Walter James Eagle,1900 All the current negligence cases decided in the federal courts of the United States the courts of last resort of all the states and territories and selections from the intermediate courts together with notes of English cases and annotations varies      *Lawyers' Reports Annotated* ,1899      *The Massachusetts register* ,2004      **BWC News** ,1994      **Uniform Commercial Code Reporting Service** ,1986      *Traffic Safety* ,2003

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