



## 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 Guide Customer Service

**Collins Maps**



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*Customer Service Guide* United States. Bureau of Labor Statistics,2001      **Review of VA Central Incident Response Capability Contract Planning, Award, and Administration** Barry Leonard,2008-04 Evaluates the planning award administered effectively reasonably priced The contract was to provide state of the practice incident handling response capabilities for the entire VA VA had to expand the existing CIRC to a broader world class operational environment to assure confidentiality integrity availability privacy of information services for Veterans The report identified weaknesses in the planning award admin of the contract that ultimately resulted in the demise of the contract for lack of funding after less than three years Tables      **ACSM's Guidelines for Exercise Testing and Prescription** American College of Sports Medicine,Gary J. Balady,2000 Recommended title for 2005 ACSM Certification Examinations ACSM s Guidelines for Exercise Testing and Prescription began as a concise summary of recommendations for exercise testing and prescription primarily for cardiac patients it has now become one of the single most internationally read and referenced texts of its kind This reference is a virtual pharmacopoeia of exercise guidelines in a broad spectrum of patients In this new edition there is heightened emphasis on preventing illness in apparently healthy persons and those at risk as well as treating patients with chronic disease There are also two new chapters on methods for changing exercise behavior and legal issues      **Four Counties & the Welsh Canals: Waterways Guide 4 (Collins Nicholson Waterways Guides)** Collins Maps,2013-08-15 50 years as the number 1 waterways guide This ebook is best viewed on Kindle Fire in landscape mode to optimise your experience Guide covering the canals and waterways in Wales and to the south of Liverpool      **Medical-surgical Nursing Care Planning Guides** Susan Puderbaugh Ulrich,Suzanne Weyland Canale,Sharon Andrea Wendell,1994      Resources in Education ,1996      **Nursing Care Planning Guide, Set 4** Margo Creighton Neal,Patricia Feltz Cohen,1978      AALL Directory and Handbook American Association of Law Libraries,1992      **Managing Software Maniacs** Ken Whitaker,1994-03-22 Ken Whitaker offers invaluable advice on easing every aspect of programmer management including attracting and keeping developers office dynamics building successful development teams and more Written in a humorous yet practical style the book includes case studies and examples throughout      *Nursing Care Planning Guides* Susan Puderbaugh Ulrich,Suzanne Weyland Canale,2001 This comprehensive reference helps in creating care plans for clients in the medical surgical extended care or home care environments Covering over 60 individual disorders these detailed care plans feature a definition discussion of the disorder outcome discharge criteria nursing and collaborative diagnoses and more It can be used as a resource to assist students and practicing nurses in planning individualized care for medical surgical clients      **DIR--directory of Information Resources User's Guide** United States Postal Service,1988      *New Serial Titles* ,1989 A union list of serials commencing publication after Dec 31 1949      Reports of Cases at Law and in Chancery Argued and Determined in the Supreme Court of Illinois Illinois. Supreme Court,1899      Reports of Cases at Common Law and in

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**Cases Heard and Determined in the Supreme Court of the State of New York** Marcus Tullius Hun,New York (State).  
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