

**Section
No.**

Topic

Contents

10

Injury Reporting

- Register of Injuries & Treatment

Register of Injuries & Treatment

HUNTER WHARF & BARGE

Part A Particulars of employer

Name of employer: Hunter Wharf & Barge
 Contact person: _____
 Type of industry: _____

SIR # -
 Date: / /
 Phone 02 4959 5154
 Claim # _____

Part B Details of injured worker

Family Name: _____ Given Name: _____
 Address: _____
 Postcode: _____ Home Phone No. _____ Mobile: _____
 Date of Birth: _____ Occupation or Job Title: _____

Part C Injury Details

Details reported by: _____ Date: / /

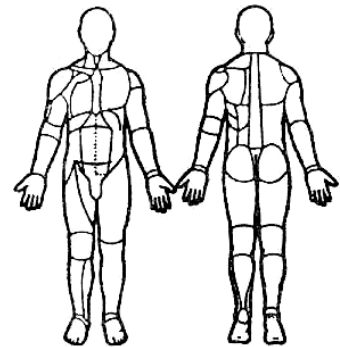
Relationship to injured person or employer: _____

Type of injury received (e.g. Sprain, Fracture, Dislocation etc):

- Abrasion/Graze
- Burn
- Contusion/Bruising
- Crush/Fracture
- Foreign Body
- Select One
- Laceration/Cut
- Pain
- Skin Disorder
- Sprain/Strain

Description of injury
 (e.g. Part of body):

- Select One
- Left Hand
- Right Hand



Front

Back

Mark location of injury

First aid/treatment received: _____

Name of First Aid provider (Name & Signature) _____

Details of any referral for further treatment (e.g. Home, doctor, hospital etc.): _____

Estimated duration of incapacity: _____

Part D Incident details

Date of injury: _____ Time of injury: _____ am/pm

Where did the injury happen (Include room/section/department/address etc.) _____

Activity being performed when injury occurred: _____

Cause of injury: _____

Witness/es of the incident: _____

Please Note:
 When further corrective action is needed, record the details onto a SIR with the same SIR Number and attach a copy of this document to the SIR.

Part F Signatures

Employer:
 Injured Worker
 Witness

Signature	Date