Tool 20 - Notice of Record of Injury/Notifiable Event — Toolbox

Use this tool to record any incidents of injury/notifiable event for the regulator (WorkSafe).

1 Particulars of employer:
(Business name and address)

2 Location of place of work:

3 Personal data of injured person:

Name	
Residential address	
Date of birth	
Sex	M ❑ F ❑

4 Occupation or job title of injured person:

5 Period of employment of injured person:

❑ 1st week	❑ 1st month	❑ 1-6 years
❑ 6 months-1 year	❑ 1-5 years	❑ Over 5 years
❑ non-employee		

6 Treatment of injury

❑ Nil	❑ First-aid
❑ Doctor (not hospitalised)	❑ Hospitalised

7 Time and date of incident/notifiable event:

Time	am/pm
Date	
Shift ❑ Day	❑ Afternoon ❑ Night
Hours worked since arrival at work	

8 Mechanism of incident/serious harm:

- ❑ Fall, trip or slip
- ❑ Hitting objects with part of the body
- ❑ Sound or pressure
- ❑ Being hit by moving objects
- ❑ Body stressing
- ❑ Heat, radiation or energy
- ❑ Biological factors
- ❑ Chemicals or other substances
- ❑ Mental stress

9 Agency of incident/notifiable event:

- ❑ Machinery or (mainly) fixed plant
- ❑ Mobile plant or transport
- ❑ Powered equipment, tools or appliances
- ❑ Non-powered hand-tools, appliances and equipment
- ❑ Chemical or chemical products
- ❑ Material or substance
- ❑ Environmental agency
- ❑ Animal, human or biological agency (not bacteria or virus)
- ❑ Bacterial or virus

10 Body part:

❑ Head	❑ Neck	❑ Trunk
❑ Upper limb	❑ Lower limb	❑ Multiple locations
❑ Systemic (internal organs)		

11 Nature of injury or disease: (specify all)

- ❑ Fatal
- ❑ Occupational hearing loss
- ❑ Fracture of spine
- ❑ Puncture wound
- ❑ Other fractures
- ❑ Poisoning and toxic effects
- ❑ Dislocation
- ❑ Multiple injuries
- ❑ Sprain or strain
- ❑ Damage to artificial aid
- ❑ Head injury
- ❑ Disease, nervous system
- ❑ Internal injury of trunk
- ❑ Disease, musculoskeletal
- ❑ Amputation, incl. eye
- ❑ Disease, skin

- ❑ Open wound
- ❑ Superficial injury
- ❑ Bruising or crushing
- ❑ Foreign body
- ❑ Burns
- ❑ Nerves or spinal cord
- ❑ Disease, digestive system
- ❑ Disease, infectious or parasitic
- ❑ Disease, respiratory system
- ❑ Disease, circulatory system
- ❑ Tumour (malignant or benign)
- ❑ Mental disorder

12 Where and how did the incident/harm happen?

If not enough room, attach separate sheet or sheets

13 Has an investigation been carried out?

❑ Yes ❑ No

14 Was a significant hazard involved?

❑ Yes ❑ No

Completed by:

Employer or employer's representative
(delete which is not applicable)

Name:

Signature:

Date: _____/_____/_____