**AFEI Member Template: Register of Injuries**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Register of Injuries

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Injured Worker** | **Worker's Address** | **Worker's Age** | **Worker's Role** | **Worker's Industry** | **Date of Injury** | **Time of Injury** | **Nature of Injury** | **Cause of Injury** | **Workers Comp. Claim** | **Notes** |
| *John Smith (Example)* | *1 Small Street, Suburb* | *34* | *Sales Person* | *Office* | *12.1.16* | *11.00am* | *Broken Leg* | *Falling box* | *Yes* | *Incident report completed 13.1.16* |
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