|  |  |  |
| --- | --- | --- |
|   | **RECORD OF INJURY OR ILLNESS** | **Form RII** |

**1. Particulars of employer/principal contractor:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_

Name ABN Address

**2. Location of workplace premises where injury occured:**

 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Street or Road Name Suburb or Town Post Code

**3. Personal Data of Injured person:**

 \_\_\_\_\_\_\_ \_\_\_\_\_\_

Surname First Name Other Initials

**ADDRESS:**

Street or Road Name Suburb or Town Post Code

**Date of Birth: AGE: gender:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month Year Years Male / Female

**OCCUPATION OR TITLE: LENGTH OF SERVICE:**

 Years Months

**EMPLOYMENT STATUS:**

[ ] Wages/salary [ ] Self-employed [ ] Unpaid/volunteer [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT BASIS:**

[ ] Ordinary worker [ ] Apprentice/trainee [ ] Pieceworker [ ] Outworker [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMEMT TENURE:**

[ ] Permanent [ ] Permanent-casual [ ] Casual [ ] Shift-worker [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. TIME AND DATE OF INJURY:**

Time am/pm Day Month Year

**5. TYPE OF INCIDENT:**

[ ] Lifting [ ] Struck [ ] Falling [ ] Slip/trip [ ] Burning [ ] Step on [ ] Poisoning [ ] Inhalation

[ ] Explosion [ ] Engulfment [ ] Temperature [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. AGENCY OF INJURY:**

[ ] Manual handling [ ] Working environment [ ] Hand tools [ ] Power tools [ ] Chemical [ ] Gas

[ ] Powered equipment [ ] Plant [ ] Specified plant [ ] Vehicle [ ] Building or structure [ ] Excavation

[ ] Electricity [ ] Thermal [ ] Hydraulic Pressure [ ] Chemical [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. MEDICAL TREATMENT:**

[ ] Nil [ ] First Aid [ ] Doctor only [ ] Admitted to hospital

**8. TIME OFF WORK:**

[ ] No lost time [ ] Rest of day off work [ ] 1 to 4 days off work [ ] More than 4 days off work

**9. WORKER REHABILITATION ARRANGEMENTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**10. DESCRIPTION AND LOCATION OF INJURY:**

Front view **** Rear view

AB – Abrasion AM – Amputation AS – Asphyxiation BR – Bruise BU – Burn CO – Concussion DE – Dermatitis

DF – Deafness DI – Dislocation FB – Foreign body FR – Fracture HE – Hernia IN – Infection II – Internal injury

LA – Laceration NS – Needle stick OW – Open wound SS – Strain/sprain US – Unspecified

**11. CORRECTIVE ACTION IDENTIFIED:**

[ ] Change to work environment [ ] Modify work procedures [ ] Modify plant or equipment

[ ] Induction retraining [ ] Ongoing training [ ] Other job redesign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. DETAILS OF INCIDENT:**

**SUPERVISOR:**

Name Signature Date

**INJURED WORKER:**

Name Signature Date

**WITNESS TO ACCIDENT:**

Name Signature Date