

Aquamarine Personalised Home Care (APHC)

Injured / ill worker's details

First name:		Last name:	
Position:		Date of birth:	
Worker's address:			
Area Managers name:			

Injury or illness details

Date of injury/illness:		Time of injury/illness:		am/pm
Nature of injury/illness:				
Bodily location of injury/illness (for illnesses include symptoms):				
Location at time of injury:				
How was the injury/illness sustained (cause of injury /illness):				
Was any plant, equipment, substance or thing involved in the injury/ illness? If yes, please provide details:				


Witnesses

Were there any witnesses to the injury/illness? Yes or No.			
If yes, please list name and contact number if known for each witness:			
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	
Name:		Contact:	

Follow up

Has the injury been reported to APHC? Yes or No:	
Was any treatment provided? Yes or No. If yes, please provide details:	
Did the injured worker return to work following the injury/illness? If yes, please provide details:	

Details of person making this entry

First name:		Last name:	
Position:			
Signature:		Date:	
If you are not the injured worker, did you witness the injury/illness? Yes or No			



TO BE COMPLETED BY RETURN TO WORK COORDINATOR OF INJURED / ILL WORKER

Has an investigation been conducted into the incident? If yes, by whom?

What controls have been implemented to ensure the incident doesn't happen again:

Employer confirmation

I Jessica Hopper, of Aquamarine Personalised Home Care

Hereby confirm receipt of this notification.

Signature:

Date:

Employee confirmation

I

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature:

Date: