



Register of injuries

Your obligations under the Workers Compensation Act 1985 (the Act) to keep a register of injuries

Section 101 of the Act states:

- (1) The employer must cause to be kept at each workplace of a kind specified by the Authority at a place readily accessible at all reasonable times to the worker employed in the workplace a summary in a form approved by the Authority of -
 - (a) the requirements relating to the giving of notice of an injury and the making of a claim under this Act; and
 - (b) if an authorised agent is responsible for managing claims under the Act against the employer, the name of the authorised agent; and
 - (c) the benefits available to workers under this Act.
- (2) The employer must cause to be kept a register of injuries in a form approved by the Authority at each workplace of a kind specified by the Authority at a place readily accessible at all reasonable times to a worker employed in the work place or any person acting on a worker's behalf.
- (3) A worker or any person acting on the worker's behalf may enter such particulars of injury as are specified by the Authority in the register of injuries.
- (4) On receiving notice of an injury (otherwise than as specified in Section 102(3)) an employer must cause the specified particulars of the injury to be entered in the register.

Employer's name	
Employer's number	
Address	
Town/Suburb	
State/Postcode	
Managed by	CGU Workers Compensation (Vic) Limited ABN 41 005 297 781 Authorised Agent of the Victorian WorkCover Authority

Details of worker

Surname

Given name(s)

Address

Postcode

Occupation

Details of injury/incident

Location/department in which injury/incident occurred

Date of injury

Time of injury

a.m./p.m.

Part of body injured

Nature of injury/incident

Cause of injury/incident

Address of workplace

Postcode

Time lost

Days

Hours

First aid attendant

Details of first aid treatment

Accident investigation completed?

No Yes

Results of investigation

WorkCover compensation form lodged?

No Yes

Date lodged

Was the incident witnessed?

No Yes

If so, who by

Register entry completed by

Date

Signature of employee

Signature of employer

Please ensure that you take a copy of this completed form and:

- forward it to the relevant employee
- keep a copy for yourself as the employer