



B S SOUND
MARK BARRY
 ABN; 12 291 996 034
 Phone: 03 9889 1999
 Mobile: 0419 993 966
 www.bssound.com.au
 bssound @ bigpond.com

Injury Report Form / Injury Register

Worker's name;		Workers occupation or job title;	
Worker's exact location at the time of the injury;		Venue / Work-Site and address;	
Exact description of how injury was sustained;	Time: _____	Date: ___ / ___ / ___	Treatment or action; <input type="radio"/> not needed <input type="radio"/> none given <input type="radio"/> first aid <input type="radio"/> dressing / strapping <input type="radio"/> medication; _____ <input type="radio"/> resuscitaion <input type="radio"/> other; _____ <input type="radio"/> doctor <input type="radio"/> ambulance <input type="radio"/> hospital; _____ <input type="radio"/> police <input type="radio"/> other; _____
Nature of injury and the body part(s) affected;			
Witnesses to the injury, if any >>>	Name _____ Ph: _____	Name _____ Ph: _____	Name _____ Ph: _____
Date of entry in register; >>>	___ / ___ / ___	Name of person making this entry; >>>	Name _____ Ph: _____
Notes and Further Action:			