



**Schedule 2 — Forms relating to general provisions**

**Form 1 — NOTIFICATION OF INJURY**

***Occupational Safety and Health Act 1984*** [Regulation 2.4(2)]

WorkSafe Western Australia Commissioner

PO Box 294 INJURY REPORTING TELEPHONES:

WEST PERTH WA 6872 (08) 9327 8800

Phone: (08) 9327 8777 Fax: (08) 9327 8724 1800 678 198

Email: safety@commerce.wa.gov.au

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| PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM |
| Section 1: Employer Details  |
| **Legal name:** |       |
| **Trading name:** |       | **ABN / ACN:** |       |
| **Type of workplace:** |       | **ANZIC:** |       |
| **Street address:**  |       |
| **Suburb/Town:**  |       | **Postcode:** |       |
| **Phone:** |       | **Fax:** |       |
| **Email:** |       |

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| Section 2: Details of Injured Person |
| **Surname:** |       | **Sex: Male** **[ ]  Female** **[ ]**  |
| **Given names:** |       |
| **Occupation:** |       |
| **Date of birth:**    **/**    **/**       **Age:**   | **Days unable to work:**       |

**Injury Codes**

|  |  |
| --- | --- |
| Body Location |  |
| Skull | A |
| Chest | B |
| Arm | C |
| Leg | D |
| Digit (finger/toe) | E |
| Pelvis | F |
| Spine | G |
| Eye | H |
| Ankle/Foot | I |

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| Injury Type |
| Amputation | 1 |
| Fracture | 2 |
| Laceration | 3 |
| Loss of sight | 4 |
| Other 10 days +  | 5 |
| Fatality  | 6 |

**Examples:**

1. Head fracture would be an A2
2. Arm amputation would be a C1
3. Toe amputation would be an E1

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| Section 3: Details of Injury |
| **Date of injury:** |    /    /        | **Time of injury:** |    :    **[ ] am** **[ ] pm** |
| **WorkCover number:**  |       |
| **Nature of injury:** |       |
| **Injury code**  |       |
| **Brief description of how injury occurred:** |       |
| **Address of the workplace where the injury occurred:** | **Street address:** |       |
| **Suburb/Town:** |       |
| **Postcode:** |       |
| **Area of workplace the injury occurred:**  |       |
| **Person removed to:** |       |
| **Person reporting injury:** | **First name:** |       | **Surname:** |       |
| **Position:** |       | **Phone:** |       |
| **Person for liaison:** | **First name:** |       | **Surname:** |       |
| **Position:** |       | **Phone:** |       |