



**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

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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:** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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:** |  |