|  |  |  |
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|  | **RECORD OF INJURY OR ILLNESS** | **Form RII** |

**1. Particulars of employer/principal contractor:**

\_\_\_\_\_\_\_\_\_\_\_\_\_

Name ABN Address

**2. Location of workplace premises where injury occured:**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Street or Road Name Suburb or Town Post Code

**3. Personal Data of Injured person:**

\_\_\_\_\_\_\_ \_\_\_\_\_\_

Surname First Name Other Initials

**ADDRESS:**

Street or Road Name Suburb or Town Post Code

**Date of Birth: AGE: gender:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Month Year Years Male / Female

**OCCUPATION OR TITLE: LENGTH OF SERVICE:**

Years Months

**EMPLOYMENT STATUS:**

Wages/salary Self-employed Unpaid/volunteer Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT BASIS:**

Ordinary worker Apprentice/trainee Pieceworker Outworker Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMEMT TENURE:**

Permanent Permanent-casual Casual Shift-worker Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. TIME AND DATE OF INJURY:**

Time am/pm Day Month Year

**5. TYPE OF INCIDENT:**

Lifting Struck Falling Slip/trip Burning Step on Poisoning Inhalation

Explosion Engulfment Temperature Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. AGENCY OF INJURY:**

Manual handling Working environment Hand tools Power tools Chemical Gas

Powered equipment Plant Specified plant Vehicle Building or structure Excavation

Electricity Thermal Hydraulic Pressure Chemical Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. MEDICAL TREATMENT:**

Nil First Aid Doctor only Admitted to hospital

**8. TIME OFF WORK:**

No lost time Rest of day off work 1 to 4 days off work More than 4 days off work

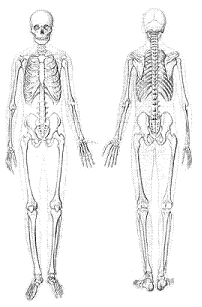
**9. WORKER REHABILITATION ARRANGEMENTS:**

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**10. DESCRIPTION AND LOCATION OF INJURY:**

Front view **** Rear view

AB – Abrasion AM – Amputation AS – Asphyxiation BR – Bruise BU – Burn CO – Concussion DE – Dermatitis

DF – Deafness DI – Dislocation FB – Foreign body FR – Fracture HE – Hernia IN – Infection II – Internal injury

LA – Laceration NS – Needle stick OW – Open wound SS – Strain/sprain US – Unspecified

**11. CORRECTIVE ACTION IDENTIFIED:**

Change to work environment Modify work procedures Modify plant or equipment

Induction retraining Ongoing training Other job redesign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. DETAILS OF INCIDENT:**

**SUPERVISOR:**

Name Signature Date

**INJURED WORKER:**

Name Signature Date

**WITNESS TO ACCIDENT:**

Name Signature Date