PROPERTY NAME & ADDRESS:

PHONE: FAX: COMPLETED BY: DATE:

ALL ITEMS NEEDING ATTENTION MUST BE ACTIONED

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazards** | **OK** | **Needs Attention** | **Action/Notes** |
| **Workers Compensation, Accident Insurance** | | | |
| There is current Workers Compensation Insurance policy for all employees |  |  |  |
| Contractors have Personal Accident Insurance or Workers Compensation Insurance for themselves and their employees |  |  |  |
| **Injury Management and Return to Work** | | | |
| All serious injury or illness, a death or dangerous incidents are recorded in an Injury Incident Register |  |  |  |
| All serious injury or illness, a death or dangerous incidents are reported to the Work Health Authority immediately and to Workers Compensation Insurer within 48 hours |  |  |  |
| There is an Injury Management and Rehabilitation Plan developed for all injured workers |  |  |  |
| An Injury Management coordinator has been appointed to help with the management, treatment and return to work of injured workers |  |  |  |
| **Return to Work** | | | |
| There is a Return to Work coordinator (where required) to help with rehabilitation and return to work of injured workers |  |  |  |
| **Additional Policy and Practices** | | | |
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RIRDC Project No PRJ-010097/010099