# WHY KEEP FARM INJURY RECORDS?

* **NSW**

SafeWork NSW Tel: 13 10 50

WorkCover NSW

* **VIC**

WorkSafe Victoria Tel: 1800 136 089

WorkSafe Victoria

* **QLD**

WorkCover Queensland Tel: 1300 362 128

WorkCover Queensland

* **SA**

SafeWork SA Tel: 13 18 55

SafeWork SA

* **WA**

WorkSafe WA

Tel: 1300 307 877

WorkSafe WA

* **TAS**

WorkSafe Tasmania Tel: 1300 366 322

WorkSafe Tasmania

* **NT**

NT WorkSafe

Tel: 1800 019 115

NT WorkSafe

* **ACT**

WorkSafe ACT Tel: 02 6207 3000

WorkSafe ACT

**Injury / Accident notification forms are available by contacting the relevant Authority on the following phone numbers.**

Work Health and Safety and Workers Compensation legislation, requires employers keep a register of work related injury. In addition, Workers Compensation Insurers require employers to provide information on employee workplace injuries whenever a claim is lodged.

Maintaining a farm injury record will assist farmers in identifying high risk activities on the farm and may also be used to record ‘serious near miss’ incidents. The farm injury register will allow farmers to keep a record

of exactly what injuries have occurred on-farm and how they may have happened.

The following farm injury register may be photocopied to provide an ongoing record of on-farm injuries and any action that may have been taken to address the cause of the injury.

# NOTIFICATION OF INJURY

You must notify your Work Health and Safety Authority immediately if there is serious incident or injury. If there is a serious injury or illness a death or dangerous incident, you must report it to the relevant authority immediately and notify your insurer within 48 hours. You must also provide first aid and record it in the injury register.

# FARM INJURY REGISTER

**PROPERTY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: Male / Female DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On what area of the property did the injury happen?** Tick a box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Field
 | * Chemical storage
 | * Workshop
 | * Machinery bay
 | * Channel/dam/creek
 | * Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**What hazard / agent(s) were involved in the injury?** Tick as many boxes as you like.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Tractor
* Slasher / mulcher
* Module loader
* Spray unit
 | * Picker
* Chemicals
* Silo
* Chainsaw
 | * Crane
* Field bin
* Other harvester
* Pumps
 | * Tools - grinder etc
* Seeder/ Planter
* Quad
* Side x Side vehicle
 | * Car / utility/ truck
* Ag motorcycle (2 Wheel)
* Fuel
* Animal
 | * Front end loader
* Module press
* Gates / fences
* Other, please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Which body part(s) were injured? What was the type of injury?** (eg. fractures, cuts)

|  |
| --- |
|  |
| * Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Eyes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Neck \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Shoulder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Chest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Upper arm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lower arm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Hand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Fingers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rib \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Stomach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Back \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Groin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Thigh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Hamstring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Knee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lower leg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ankle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Toes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**About the injury:** Was the injury seen by a doctor? Yes / No

 Did you have to stay in hospital? Yes / No If Yes, how many nights? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Did the injury stop you from working? Yes / No If Yes, how many days / weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did the injury happen? What led to or caused the injury? What were you doing?

What were the brand and model names of machinery / equipment involved in the injury?

How do you think this accident could have been prevented?

INVESTIGATION OF INJURY:

*To be undertaken by owner/manager:*

Was there any action taken to address the cause of the injury? 🞎 Yes 🞎 No

If so what action was taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Action taken by:

Signed: …………………………………………………………………………………. Date: ……………………………………

Name: ………………………………………………………………………………….

 *(Print)*

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