Injury Report Form

Use this form to report a workplace injury.

|  |  |  |  |
| --- | --- | --- | --- |
| Given name |  | Date of injury |  |
|  |  |
| Surname |  | Time of injury |  |
|  |  |
| Residential address |  | When did the injury occur? | During work hours  Journey to/ from work  During work break  Other |
|  |
| Postcode |  | Address where injury took place |  |
|  |  |
| Suburb |  |  |
|  |  |
| State |  | Provide details of the injury e.g. what happened? |  |
|  |  |
| Contact numbers | Home - |  |
| Work - |  |
| Mobile - |  |
| Date of birth |  | Provide details of injury sustained e.g. which parts of your body are affected? |  |
| Employee Number |  |  |
| Gender | Male  Female |  |
| Position held |  |  |
|  |  |
| Department/ Line of Business |  | Do you have any pre-existing injuries/ conditions? Is yes please provide details. |  |
|  |  |
|  |  |
| Work address |  |  |
|  |  |
|  |  |
| Supervisor’s name |  | Action taken | I received first aid treatment  I went to see a doctor  No action was taken  Other ……………………………………….. |
|  |
| Supervisor’s contact details |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment / engagement status | I am a contractor/temp working for at a Hudson client worksite  I am a direct Hudson employee working at Hudson offices  Other …………………………………. | Name of doctor or hospital if you have sought treatment |  |
|  |
|  |
| Name of your Hudson Consultant  (only applicable if you are a contractor/ temp working at a Hudson client worksite) |  | Please provide details for any witnesses to the injury |  |
|  |  |
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| --- |
| What preventative measures have been taken or could be taken to prevent reoccurrence (if any)? |
|  |
| Please provide any other relevant details |
|  |

**Form completed by:**

**Date:**

**Next Steps**

Forward this completed form and any other relevant documentation to [Safety@hudson.com](mailto:Safety@hudson.com)