

BELLINGER LANDCARE INC. INJURY REPORT FORM



To be completed by injured person or witness.

1. **Name:**..... **Site:**

Time:..... **Date:** ____ / ____ / ____

a) Nature of injury/incident:

b) Where did it occur?

2. First Aid/ Medical Attention

a) Was First Aid required? _____ Yes _____ No

i) Type _____

ii) Provided by _____

b) Is further medical attention required? _____ Yes _____ No

i) Name of medical practitioner _____

ii) When was medical attention provided? _____

3. WH&S issues

a) What caused the injury? _____

b) What has been done to address the issues? _____

c) Has a Hazard Report form been completed? _____ Yes

_____ No Signature of injured person (if able) _____ Date: _____

Signature of witness: _____ Date: _____

Once complete, please email this form to the BLI Office at office@bellingerlandcare.org.au and call site Landcare Coordinator on 0490 857 879, if not present on site.

The injured person should retain all medical records and receipts in case of an insurance claim being required