Appendix 1 – Register of Injuries Template (also complete for Illness, Incidents including Near Miss)

STRICTLY CONFIDENTIAL — COMPLETE AS SOON AS PRACTICABLE

Emergency: If there is **immediate danger or serious injury, call 000**, provide assistance and make the area safe. Report all incidents, injuries, illnesses, hazards and near misses promptly to the responsible local leader and OHS Adviser.

Possible notifiable incident: Immediately escalate for assessment. The employer or self-employed person must notify WorkSafe Victoria immediately on 13 23 60, preserve the site subject to lawful exceptions, provide written notification within 48 hours and retain a copy for at least five years. If unsure, report the incident to WorkSafe.

This form supports internal reporting, the Register of Injuries and initial triage. It does not replace WorkSafe notification, a workers compensation claim, safeguarding, police or other required processes.

Section 1. Record and reporting details

Legal entity / duty-holder		**Parish and work site**	
Incident reference		**Authoritative record owner**	
Date and time reported	____ / ____ / _____ Time: _____	**Reporting channel**	☐ Verbal ☐ Phone ☐ Email ☐ Other: _____
Person reporting the injury/incident		**Role in organisation**	
If you are not the injured/ill person, did you witness the injury/illness? Yes / No (please circle your response)			
Phone		**Email**	

Section 2. Event classification and details			
Event type	☐ Injury ☐ Illness ☐Near miss ☐Hazard ☐Psychological health ☐Occupational violence / aggression ☐Property / equipment damage ☐Fire / electrical ☐Spill / exposure ☐Theft / loss ☐Other: _____		
Date and exact time of event	____ / ____ / _____ Time: _____	**Exact location**	
Activity / task			
Factual description ***What happened immediately before, during and after? Include conditions and sequence.***			
Plant, equipment vehicle, substance or dangerous goods involved?	☐ No ☐ Yes If yes, please provide details / identifier / condition:		
Attachments secured	☐ Photos ☐ Sketch ☐ CCTV ☐ Documents ☐ Equipment ☐ Witness statements ☐ Other: _____		

Section 3. Person affected and injury / illness details			
Full name		**Role**	☐ Employee ☐ Clergy / religious ☐ Volunteer ☐Contractor ☐Parishioner ☐Visitor ☐Other
Position in organisation		**Contact details**	Email: _____ Tel: _____
Injury / illness and body part	Nature of injury/illness: Body part / side:		
Treatment and outcome	☐None ☐First aid ☐Doctor/medical treatment ☐Ambulance ☐Hospital emergency ☐Hospital inpatient ☐ Other: _____ Treatment provider / facility and details: _____ _____		
Work impact	☐ No time lost ☐ Left shift ☐ Time lost ☐ Modified duties	**Return / expected return**	____ / ____ / _____
Support offered	☐ Medical ☐ Pastoral ☐ Wellbeing / EAP ☐ Support person ☐ Return-to-work support ☐ Other: _____		

Section 4. Witnesses and other parties			
Were there any witnesses to the injury/illness/incident/near miss? Yes / No (please circle your response)			
Witness 1	Full Name: Role:	**Contact**	Email: _____ Tel: _____
Witness 2	Full Name: Role:	**Contact**	Email: _____ Tel: _____
Other duty-holders / third parties	☐ Contractor, ☐ shared workplace, ☐ event organiser or ☐ other party: Please provide name/s, contact details and coordination arrangements:		
Section 5. Immediate response and interim controls			
Actions taken	☐ 000 called ☐ First aid ☐ Work stopped ☐ Hazard isolated ☐ Area secured ☐ People warned ☐ Evidence preserved ☐ Affected person supported ☐ Other: _____ Details, by whom, and time: _____		
Manager / local leader notified	☐ Yes ☐ No Name:	**Date / time**	____ / ____ / _____ Time: _____
OHS Adviser notified	☐ Yes ☐ No Name:	**Date / time**	____ / ____ / _____ Time: _____

Section 6. Registers and related processes	
Required records	☐ Register of Injuries entry completed ☐ Written acknowledgement / copy given to worker ☐ Hazard and Risk Register updated ☐ Workers compensation information provided ☐ Return-to-work coordinator notified
Parallel referral	☐ Safeguarding ☐ Police ☐ Insurer ☐ Workers compensation ☐ HR / workplace conduct ☐ Other regulator ☐ Not applicable Reference / details: _____ _____ _____

Section 7. WorkSafe notifiability assessment — Authorised person to complete (if applicable)			
Potential trigger	☐ Death ☐ Immediate hospital inpatient treatment ☐ Medical treatment within 48 hours of substance exposure ☐ Immediate treatment for amputation, serious head or eye injury, de-gloving / scalping, electric shock, spinal injury, loss of bodily function or serious laceration ☐ Serious risk from immediate or imminent exposure, including uncontrolled spill / escape, fire, explosion / implosion, electric shock, fall / release from height, plant failure or malfunction identified in current WorkSafe criteria, structural / excavation collapse or other prescribed event ☐ Prescribed illness / circumstance ☐ None identified ☐ Unsure			
Assessment outcome	☐ Notifiable ☐ Not notifiable ☐ Unsure — escalated	**Assessed by / role / time**	Name: Role: Date: ____ / ____ / _____ Time:
Duty-holder confirmed		**Authorised notifier**	
WorkSafe notified immediately	**Tel: 13 23 60** ☐ Yes ☐ No ☐ Not required	**Date / time / Incident Notification ID**	Date: ____ / ____ / _____ Time: Incident Notification ID**:** _____
Written notification	☐ Submitted ☐ Due within 48 hours ☐ Not required	**Date/confirmation / record location**	Date: ____ / ____ / _____ Confirmation: Record location:
WorkSafe directions / inspector			

Section 8. Site preservation and evidence (if applicable)			
Site preserved	☐ Yes ☐ No ☐ Not applicable	**Site access controlled by**	
Evidence secured	Equipment / records / photographs / CCTV / witness details / other: _____		
Site disturbed	☐ No ☐ Yes	**Time and lawful reason**	☐ Protect health / safety ☐ Aid injured person ☐ Make safe / prevent further incident ☐ Police investigation ☐ WorkSafe direction / inspector authorisation ☐ Other lawful reason: _____
Section 9. Initial risk assessment and investigation triage			
Actual consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe	**Credible potential consequence**	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe
Likelihood of recurrence	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Almost certain	**People exposed / vulnerable persons**	
Initial risk level	☐ Low ☐ Medium ☐ High ☐ Extreme	**Further controls required now**	☐ Yes ☐ No If yes: _____
Investigation level	☐ Local review ☐ Formal investigation ☐ Major / independent	**Investigator Name / target date**	Name: _____ Target date: ____ / ____ / _____
Rationale / conflicts / specialist support			

Section 10. Consultation and initial corrective actions **(What, if any, controls were implemented to ensure the incident doesn't happen again?)**			
Consultation	☐ Workforce participants who are, or may be, directly affected, ☐ Health and Safety Nominee/, ☐ Diocesan OHS advisor (Diocesan Work Health & Safety Administrator), ☐ Health and Safety Zone Committee nominee, ☐ if appropriate/ other duty-holders consulted.		
Action 1	Action / hierarchy level:	**Owner / due date**	Name: ____ / ____ / _____
Action 2	Action / hierarchy level:	**Owner / due date**	Name: ____ / ____ / _____
Verification / escalation	Required evidence, verifier, review date and escalation: _____		
Section 11. Declarations and receipt acknowledgement			
Person making report	Name: _____ Signature: _____	**Date**	____ / ____ / _____
Responsible leader / delegate receipt	Name: _____ Role: _____ Signature: _____	**Date** **incident reference**	____ / ____ / _____ _____
Worker injury notification acknowledgement: A signed and dated copy of this entry / written acknowledgement was provided to the injured worker or representative on ____ / ____ / _____ by _____.			

Requirements of injury notification:

- Employers must keep a **Register of Injuries** at each workplace for employees to record any workplace injury or illness.
- An injured worker (or someone acting on their behalf) must notify the employer in writing of any work-related injury or illness within 30 days of becoming aware of the injury or illness.
- Employers must provide written confirmation to the injured worker that they received notification of the injury or illness.
- Employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim the injured worker must complete a *Worker's Injury Claim Form*, available from the Australia Post.

Appendix 2 – Investigation Report and Action Register

Investigation scope **(local, formal or major/independent)**	Incident reference; appointed investigator; independence/conflicts check; scope; legal or specialist support; consultation plan.
Evidence reviewed	Site inspection; documents; photographs; equipment; witness accounts; procedures; training and supervision records.
Sequence and findings	Verified chronology, facts, unresolved matters, and limitations.
Contributing factors	Hazard/control failure; work design; environment; equipment; procedure; competence; supervision; workload; communication; organisational factors.
Corrective action	Action; hierarchy level; interim/final; accountable owner; priority; due date; resources; completion evidence; verifier; effectiveness review date; status.
Consultation and communication	Affected people and Health and Safety nominee consulted; views considered; outcome and lessons communicated; privacy controls.
Approval and closure	Investigator; responsible leader; Diocesan OHS adviser; approval date; closure date; residual risk; follow-up review.