



FARM INJURY REGISTER

Why Keep Farm Injury Records?

Occupational health and safety legislation in all states requires employers to keep a record of work related injury. In addition, workers compensation authorities also require employers to provide information on employee workplace injuries whenever a claim is lodged.

Maintaining a farm injury record will assist farmers to identify high risk activities on the farm, and may also be used to record 'near misses'. 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

In addition to keeping a farm injury record on farm, it is legislation in most states that the Work Health Authority or Workers Compensation Insurer be notified of any serious injury that occurs.

Each state has different requirements so farmers should check with their local Authority. Injury/Accident notification forms are available by contacting the relevant Authority on the phone number below.

- NSW WorkCover NSW
Tel: 13 10 50
www.workcover.nsw.gov.au
- QLD Division of Workplace Health and Safety
Tel: 1800 177 717
www.whs.gld.gov.au
- WA WorkSafe
Tel: 08 9327 8777
www.safetyline.wa.gov.au
- NT Work Health Authority
Tel: 08 8924 4200
www.tbc.nt.gov.au
- VIC WorkCover Authority
Tel: 03 9628 8188
www.workcover.vic.gov.au
- SA WorkCover Corporation
Tel: 08 8226 3120
www.workcover.sa.gov.au
- TAS Workplace Standards Authority
Tel: 1300 366 322
www.wsa.tas.gov.au
- ACT WorkCover
Tel: 02 6205 0200
www.workcover.act.gov.au

Farm Injury Register

PROPERTY NAME: _____

NAME: _____ SEX: Male Female DATE: _____ TIME OF INJURY: _____ am / pm

RESIDENTIAL ADDRESS: _____

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

<input type="checkbox"/> Field	<input type="checkbox"/> Chemical storage	<input type="checkbox"/> Workshop	<input type="checkbox"/> Machinery bay	<input type="checkbox"/> Channel/dam/creek	<input type="checkbox"/> Other, please specify: _____
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What hazard/agent(s) were involved in the injury? Tick as many boxes as you like.

- | | | | | | |
|--|------------------------------------|--|--|---|--|
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Picker | <input type="checkbox"/> Crane | <input type="checkbox"/> Tools – grinder etc | <input type="checkbox"/> Car/utility | <input type="checkbox"/> Module press |
| <input type="checkbox"/> Slasher/mulcher | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Field bin | <input type="checkbox"/> Seeder/Planter | <input type="checkbox"/> Cultivator | <input type="checkbox"/> Gates/fences |
| <input type="checkbox"/> Module loader | <input type="checkbox"/> Silo | <input type="checkbox"/> Other harvester | <input type="checkbox"/> Ag motorcycle | <input type="checkbox"/> Fuel | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Spray unit | <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Pumps | <input type="checkbox"/> Animal | <input type="checkbox"/> Front end loader | |

Which body part(s) were injured? What was the type of injury? (for example, fractures, cuts)

<input type="checkbox"/> Head _____	<input type="checkbox"/> Hand _____	<input type="checkbox"/> Hamstring _____
<input type="checkbox"/> Eyes _____	<input type="checkbox"/> Fingers _____	<input type="checkbox"/> Knee _____
<input type="checkbox"/> Neck _____	<input type="checkbox"/> Rib _____	<input type="checkbox"/> Lower leg _____
<input type="checkbox"/> Shoulder _____	<input type="checkbox"/> Stomach _____	<input type="checkbox"/> Ankle _____
<input type="checkbox"/> Chest _____	<input type="checkbox"/> Back _____	<input type="checkbox"/> Feet _____
<input type="checkbox"/> Upper arm _____	<input type="checkbox"/> Groin _____	<input type="checkbox"/> Toes _____
<input type="checkbox"/> Lower arm _____	<input type="checkbox"/> Thigh _____	<input type="checkbox"/> 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?

Action taken by:

Signed:

Date:

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<input type="checkbox"/> Field	<input type="checkbox"/> Chemical storage	<input type="checkbox"/> Workshop	<input type="checkbox"/> Machinery bay	<input type="checkbox"/> Channel/dam/creek	<input type="checkbox"/> Other, please specify: _____
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What hazard/agent(s) were involved in the injury? Tick as many boxes as you like.

- | | | | | | |
|--|------------------------------------|--|--|---|--|
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Picker | <input type="checkbox"/> Crane | <input type="checkbox"/> Tools – grinder etc | <input type="checkbox"/> Car/utility | <input type="checkbox"/> Module press |
| <input type="checkbox"/> Slasher/mulcher | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Field bin | <input type="checkbox"/> Seeder/Planter | <input type="checkbox"/> Cultivator | <input type="checkbox"/> Gates/fences |
| <input type="checkbox"/> Module loader | <input type="checkbox"/> Silo | <input type="checkbox"/> Other harvester | <input type="checkbox"/> Ag motorcycle | <input type="checkbox"/> Fuel | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Spray unit | <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Pumps | <input type="checkbox"/> Animal | <input type="checkbox"/> Front end loader | |

Which body part(s) were injured? What was the type of injury? (for example, fractures, cuts)

<input type="checkbox"/> Head _____	<input type="checkbox"/> Hand _____	<input type="checkbox"/> Hamstring _____
<input type="checkbox"/> Eyes _____	<input type="checkbox"/> Fingers _____	<input type="checkbox"/> Knee _____
<input type="checkbox"/> Neck _____	<input type="checkbox"/> Rib _____	<input type="checkbox"/> Lower leg _____
<input type="checkbox"/> Shoulder _____	<input type="checkbox"/> Stomach _____	<input type="checkbox"/> Ankle _____
<input type="checkbox"/> Chest _____	<input type="checkbox"/> Back _____	<input type="checkbox"/> Feet _____
<input type="checkbox"/> Upper arm _____	<input type="checkbox"/> Groin _____	<input type="checkbox"/> Toes _____
<input type="checkbox"/> Lower arm _____	<input type="checkbox"/> Thigh _____	<input type="checkbox"/> 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?

Action taken by:

Signed:

Date:

Name (print):
