

Register of Injury HNF18

DETAILS OF INJURED PERSON:

Surname: _____ Given Name/s: _____ Male / Female DOB: / /
Address: _____ Suburb: _____ State: _____ Post Code: _____
Home Phone: () _____ Mobile Phone: _____ Occupation: _____

EMPLOYER DETAILS:

Name of Business: HNF Construction Ltd Type of Business: Steel Fixing Contractor
Address: 148 Horotiu Rd, Horotiu, Hamilton 3228, NZ Phone: (021) 08070848

INCIDENT DETAILS:

Date of Injure: / / Time of Injury: _____ am / pm Site Name: _____
Location of Incident (e.g. Stage 1, Building C, Level 4): _____ Site Address: _____
Task / Operation Undertaken at time of Injury (e.g. moving reo, grinding): _____
Type of Injury (e.g. bruises, cut, fracture, grit in eye): _____
Specific Part of Body Injured (e.g. right upper arm, left eye): _____
Cause of Injury (What happened?): _____

Treatment Give / Action Take: _____
Witnesses Names: (1) _____ (2) _____ (3) _____

PERSON COMPLETING THIS FORM:

Surname: _____ Given Name/s: _____ Signature: _____
Title: _____ Date of Injure: / / Time of Injury: _____ am / pm
Did the person cease work?: YES / NO Has a referral for further treatment been issues? YES / NO

Injured Person's Signature: _____