



Register of Injury

Date: ____/____/____ Record no. _____

INJURED PERSON'S PARTICULARS / PERSON INVOLVED

Surname _____ Given names _____
 Sex (M/F) _____
 Address _____
 Suburb _____ State _____ Postcode _____ Phone _____
 Date of birth ____/____/____ Occupation _____
 Employee _____
 Address _____
 Suburb _____ State _____ Postcode _____ Phone _____

ACCIDENT / INCIDENT DETAILS

Date of event ____/____/____ Time of event ____:____ am / pm
 Operation and Area the person was engaged in at the time _____

Description of injury _____

Cause of injury _____

Treatment given / Action taken _____

Name of person administering First Aid _____

Any referral for further treatment _____

Signature of person completing this form _____ Signature of witness _____

Manufactured by Aero Healthcare • Re-order: 1000 620 001

ADDITIONAL INFORMATION

| | |
|------------------------------|------------------|
| Weight | 0.12 kg |
| Dimensions | 21 × 15 × 0.5 cm |
| Carton Qty | 100 |
| Pricing Unit | Unit/1 |
| Size | A5 |
| Min Order Qty | 1 |
| ARTG ID | N/A |
| GMDN Code | N/A |
| UNSPSC | 14111533 |
| Tax Schedule | Taxable |
| Item Length | 21 |
| Item Width | 14.85 |
| Item Measurement Unit | cm |
| Is Serialized Item | No |
| Is Dangerous Good | No |

PRODUCT DESCRIPTION

The AeroSupplies stationary range covers a number of common stationary requirements applicable to the First Aid Industry.

Register of Injuries Pad Duplicate

A handy pad for recording all necessary injury detail in duplicate for records

- A5
- 25pg

This product is not a substitute for direct medical attention from a healthcare practitioner. Always read the label and follow the directions for use.



AEROSUPPLIES A5 REGISTER OF INJURIES DUPLICATE PAD (25 PAGES)

RI001

Register of Injuries Pad, 25pg duplicates