



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 _____
 Employer _____
 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 referred 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
Barcode (GTIN/EAN/UPC)	9341394017559

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



AEROSUPPLIES A5 REGISTER OF INJURIES DUPLICATE PAD (25 PAGES)

RI001

Register of Injuries Pad, 25pg duplicates