



**Register of Injury**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Record no. \_\_\_\_\_

**INJURED PERSON'S PARTICULARS / PERSON INVOLVED**

Signature \_\_\_\_\_  
 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 referral for further treatment \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_  
 Signature of witness \_\_\_\_\_

Manufactured by Aero Healthcare • Re-order: 1800 628 801

## ADDITIONAL INFORMATION

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



# AEROSUPPLIES A5 REGISTER OF INJURIES DUPLICATE PAD (25 PAGES)

RI001

Register of Injuries Pad, 25pg duplicates