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Approved By: [Signature]

Register of Injuries

Accident Compensation Regulations 1990

S.R. No. 49/1990

1. WORKER'S SURNAME	GIVEN NAME
2. AGE	3. MARITAL STATUS
4. ADDRESS	
5. TIME OF INJURY	DATE OF OCCURRENCE
6. CAUSE OF INJURY	
7. NATURE OF INJURY	
8. DATE OF ENTRY	

Signature of worker:

Signature of supervisor:

Name and signature of person completing form,
if not injured worker.

Name: _____

Signature: _____