

Form 133/133A

Version 1

# Employer reporting – Injury that may be compensable (reportable injuries)

This is an approved form under sections 133 and 133A of the *Workers' Compensation and Rehabilitation Act 2003*.

## Important instructions

All employers are required to report injuries sustained by workers for which workers' compensation may be payable.

### Employers must report injuries where:

1. A worker sustains an **injury** (personal injury, disease, aggravation of a personal injury, disease or medical condition, loss of hearing or death), and
2. The employer is **aware** of the injury, and
3. The injury **may be compensable**. An injury may be compensable when an employer and/or a worker reasonably believes that:
  - a) the injury has **arisen out of, or in the course of employment**, and
  - b) the injury will require medical treatment resulting in the issue of a **medical certificate** or will require the worker to have **time off work** (beyond the day of sustaining the injury) or time away from their normal duties to recover from the injury.

Injuries should be reported immediately and must be reported within **eight business days** of the employer becoming aware of the injury, unless there is a reasonable excuse.

This report is **not** a claim for workers' compensation. If a worker makes a claim for compensation, an insurer will advise the employer and decide if the claim for compensation should be accepted or rejected.

If an employer reports an injury, they should also **advise the worker of his/her right to lodge a claim** and how to access an [Application for compensation form](#).

For further guidance, please see the *Reporting of injuries under the Workers' Compensation and Rehabilitation Act 2003 – a guide for employers*.

## Employer's details (at the time of the event causing injury)

Employer's trading name	
Employer number (WorkCover Queensland policy number or self-insurance member number)	

## Worker's details

Title		Family name	
Given names			
Gender	Female	Male	Indeterminate / Intersex / Unspecified
Date of birth			

## Worker's employment details at date of event causing injury

Job title/occupation description	
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## Date of event causing injury

Date of event/date event period began (if event occurred over a period of time)	
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## Location where event occurred

Place (e.g. driveway)	
Street address of injury (e.g. State Law Building, 50 Ann St, Brisbane)	

## Date employer became aware of the injury

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## Details of any known medical or other treatment (e.g. attendance at GP or physiotherapist)

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## Payments

	Yes	No
Has the employer made a payment to the worker in place of wages due to time off as a result of their injury (not including sick leave)?		
Has the employer made a payment for medical or other treatment for the worker?		

If yes, please advise for each payment made:

### Payment 1

Date of payment		
Details of/ reason for payment	GP/medical treatment	
	Allied health treatment (e.g. physiotherapy)	
	Wages	
	Other	

### Payment 2

Date of payment		
Details of/ reason for payment	GP/medical treatment	
	Allied health treatment (e.g. physiotherapy)	
	Wages	
	Other	

### Payment 3

Date of payment		
Details of/ reason for payment	GP/medical treatment	
	Allied health treatment (e.g. physiotherapy)	
	Wages	
	Other	

If additional payments have been made, please continue to detail as above on a separate sheet.

## Any additional information the employer wishes to provide about this injury (optional)

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Once complete, please submit this form to your workers' compensation insurer.

This form was approved by the Workers' Compensation Regulator on 22 May 2020 pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.