



Early Notification of Injury Form

Workers name:
Workers address:
Workers phone number:
Workers date of birth:
Name of Employer:
Date employment commenced: Permanent Casual
Occupation of worker:
Shift/Roster Day Afternoon Night Weekend Rotating
Other please specify:

Date of Injury:
Colliery or site where injury occurred:
Date injury reported to employer or supervisor:
Has the worker advised the employer that a claim is to be submitted? YES NO
If YES, date employer first became aware that a claim is to be submitted:
Date CMI advised or first became aware that a claim was to be submitted:
Part of body injured:
Type of injury:
Has the worker sought medical treatment? YES NO
If YES, name of Doctor or Hospital where treated:
Work Status
Off work At work suitable duties At work pre-injury duties

Comments:

Reported to CMI by:

Date:

Report completed by:

Date:

Woonona

Email: cmi.woonona@coalservices.com.au
Fax: 02 4283 7163

Singleton

Email: cmi.singleton@coalservices.com.au
Fax: 02 6571 1258

Speers Point

Email: cmi.speerspoint@coalservices.com.au
Fax: 02 4953 0543