Employer worker relationship checklist

Could another person or entity other than the employer be wholly or partly responsible for the injury? If you answer yes to one question, please email [DMD\_recoveriesforms@vwa.vic.gov.au](mailto:DMD_recoveriesforms@vwa.vic.gov.au) or contact Martin Boyle (4243 7108) or Cailin Mullen (4243 7190).

**Worker Name**:

**Claim Number**:

|  |  |  |
| --- | --- | --- |
| Are there potential recoveries? | Yes 🞏 | No 🞏 |
| If yes, what are the reasons **(tick relevant boxes)**  Worker employed by labour hire company? | Yes 🞏 | No 🞏 |
| Was the injury sustained on a building site? | Yes 🞏 | No 🞏 |
| Was the worker injured on the employer’s premises where the employer is a tenant? | Yes 🞏 | No 🞏 |
| Did the worker’s injury involve the malfunctioning of a machine or piece of equipment? | Yes 🞏 | No 🞏 |
| Was the worker physically assaulted or bullied/harassed by another person? | Yes 🞏 | No 🞏 |
| Was the worker further injured as a result of medical treatment for an existing work injury? | Yes 🞏 | No 🞏 |
| Did a Third Party not employed by the employer cause the accident? (e.g. a contract cleaner who did not attend to a spillage, a contract maintenance worker who left equipment lying around etc.) | Yes 🞏 | No 🞏 |
| Has the worker contracted a disease such as asbestosis, mesothelioma or legionnaires? | Yes 🞏 | No 🞏 |
| Was the injury a result of exposure to toxins or chemicals? | Yes 🞏 | No 🞏 |