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 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 🞏 |