INCIDENT REPORT FORM

Worksafe Notification Ref No:

MelRec
Melbourne Recruitment Services

DETAILS OF PERSON COMPLETING THIS FORM

☐ **Contractor** ☐ **Supervisor/Host Employer** ☐ **MelRec Employee**

Given Name	Surname:	Work Ph No:
Role Title:	Organisation:	Mobile Ph No

DETAILS OF PERSON INVOLVED IN INCIDENT

☐ **Contractor** ☐ **Supervisor/Host Employer** ☐ **MelRec Employee**

Given Name:	Surname:	Date of Birth	
Home Address		Home Ph No	
Host Employer Name:	Position:	Supervisor's Name	
Site Address:		Work Ph No	

INCIDENT DETAILS

Type of Report ☐ Injury ☐ Near miss	Place / location of Incident		
	Date of Incident	Time of Incident am☐ / pm ☐	Did you cease work? Date? Y ☐ / N ☐
Type of Incident ☐ Slip, trip, fall	Who was the incident/near miss reported to?		
☐ Manual handling ☐ Struck by object	Witness/es Name		Witness Contact Ph No
☐ Motor vehicle ☐ Chemical	Have you returned to work? Y ☐ / N ☐	Date you returned to work	Certificate of Capacity Issued Yes☐ / No ☐
☐ Electrical ☐ Other	What duties can you now perform? ☐ Pre-injury Duties ☐ Suitable Duties ☐ Unfit For Any Duties		
Incident or Near Miss Summary - how did it happen?			
Briefly describe injuries if any			

TREATMENT DETAILS

Treatment ☐ First Aid	Treated by	Treatment date
☐ Doctor's Visit ☐ Hospital Visit	Address	Ph No

DECLARATION

I certify that the information I have provided is correct. I consent to MelRec collecting and using my personal information, and/or disclosing these details to medical practitioners, investigators and other experts, for the purpose of assessing and managing any workers compensation claim relating to the incident referred to on this form.

Signature _____ Name (printed) _____ Date Signed _____

Once completed, please email immediately to adm@melrec.com.au