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| **Missions Interlink****Incident Report** |
| A record of injuries and incidents must be provided to the relevant MI Team Leader or Manager WITHIN THREE DAYS of the incident. |
| Part A – Personal details*(To be completed by person injured/involved in incident or their agent)* |
| Last name: | First name: |
| Position: |  |
| Telephone no.: |  |
| Part B – Incident details*(To be completed by person injured/involved in incident or their support person)* |
| Date of incident: | Time of incident: am/pm |
| Date reported: | Time reported: am/pm |
| Location of incident: |
| Description of incident (including a list of preceding events): |
| Nature of Incident |
| Type of incident (injury, damage etc): |
| Details of incident (including sequence of events prior to the incident): |
| Cause of incident: |
| Signature of injured person: Date:*(If available)* |
| Part C – Outcome of incident*(To be completed by Team Leader or Manager)* |
| Description of incident: |
| Description of first response or first aid treatment given: |
| First response or first aid provided by: |
| Further actions taken: |
| Any ongoing treatment required: |
| Witnesses where appropriate (name, position, phone contact): |

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| Part D – INVESTIGATION*(To be completed by Team Leader or Manager)* |
| What were the key factors contributing to the incident? |
| Outline any corrective action to prevent recurrence: |
| Person responsible for corrective action: |
| Other actions recommended: |
| Action Completion Date:  |
| Any other details: |
| **Reported to:**   | Name: Date:  |
| Signature:  |
| Position/Role: |

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| **Work Injury/Incident Report (Page 2)** |
| **Witnesses** *(where appropriate)* |
| Witness 1 | Last name: | First name: |
| Address: | Contact No.: |
| **Witness 2**  | Last name: | First name:  |
| Address: | Contact No.: |
| Part D – Incident investigation details*(To be completed by Manager)* |
| What were the key factors contributing to the incident? |
| Outline action/s taken to prevent recurrence: |
| What further action is recommended? |
| Action completed: *(Please tick relevant box)* 🞎 Yes 🞎 No |
| Anticipated completion date:  |
| Person accountable for action recommendations: |
| Approval signature |
| National DirectorSignature*:* | Date: |