

If you are injured you must complete this form and fax it immediately to

MPM Recruitment Services on 02 9604 8088



Incident Report Form

Workers Details

Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ Employed As: _____

Worksite Details

Name of Worksite: _____

Address of Worksite: _____

Contact Name: _____ Contact Number: _____

Incident Details

Date of Injury: _____ Time of Injury: _____

Type of injury and body part affected: _____

Cause of Injury: _____

Treatment given: _____

Name of Doctor (if known): _____

Medical Centre / Hospital location: _____

Comments

Unit 7/453-455 Victoria Street, Wetherill Park NSW 2164

P 02 9604 0888

F 02 9604 8088