



Incident and Near-Miss Reporting Policy:

Each incident or near-miss must be recorded and reported to the MCI committee promptly so it can be investigated and recurrences prevented via possible mitigation of risk factors.

Incident Form:

Report Number:	
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Date of Incident:	
Time of Incident:	

Part A WHAT HAPPENED?

Type of Incident	
<input type="checkbox"/> Injury	<input type="checkbox"/> No Injury

If Injury	
<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Treatment

If No Injury, was the Incident due to:		
<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion	<input type="checkbox"/> Other



Persons involved:

Member/Name	Address	Phone Number
Non-Member/Name		

Damage to MCI property or workshop:

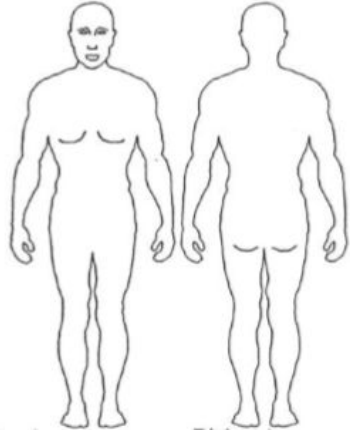


Part B HOW DID IT HAPPEN?

Description of Incident: (explain clearly how the incident occurred. This should be brief, in dot point form, providing the facts only and should not contain supposition or hearsay).

Location: (Attach Sketch or Map)
Weather Conditions:

Part C Injury Report:

Injury Details (Mark Location and Details on the right):			
Was First Aid Administered?	Yes No		
If Yes, Treatment Details:			
If Yes, by whom:			
Was Injured Person sent to Hospital?	Yes No Attach Medical Certificate		
If Yes, name of Doctor/Hospital:			Break, Bruise, Burn, Crush,
If Yes, name of person taking injured person to Hospital:			Cut, Dislocate, Lacerate,
Did the Injured person return to participate at MCI?		Multiple, Object, Sprain, Strain, Other:	

Report prepared by:	
Signature:	Date: