



Have you reported the incident to the Host Employer  Yes  No

If no, why not .....

.....

Details of Witnesses:

Name: ..... Contact telephone number: ..... Statement  Yes  No

Name: ..... Contact telephone number: ..... Statement  Yes  No

**Details of Medical Treatment**

Medical Treatment:  Nil  First aid  Doctor  Hospital

Outline treatment:

.....

.....

.....

Did you return to work after treatment?  Yes  No

**Return to Work Management (to be completed by Mills Recruitment)**

Host employer incident report received?  Yes  No

Incidents discussed with host employer?  Yes  No

Name of client representative: .....

Position: .....

WorkCover notification  Yes  No

**Preventative Action (to be completed by Mills Recruitment)**

Action taken to prevent recurrence:

.....

**Signed By**

Injured Person \_\_\_\_\_ Dated \_\_\_\_\_

Mills Recruitment OSH \_\_\_\_\_ Dated \_\_\_\_\_

Representative \_\_\_\_\_

**If assistance or advice is required please contact Mills Recruitment**