

Maali Medical incidents/accidents and events identified on this form are to be reported to:

Maali Medical Senior Management within 1 Hour of the event (info@maalimedical.com.au) This form provides only an immediate notification and preliminary details of any event. It is not an investigation tool. Description of Persons Involved in Incident Maali Medical Client Carer/Public/Other Maali Medical Staff **Medical Professional** (Person receiving treatment) **Incident Classification** Part 1. Incident Number Choose Box (You may need to cross more than one box) Taken from Incident Management Register Medical Treatment Injury environmental Incident Mobile Workshop Incident Lost Time Injury Facility/ Property Damage Security Incident First Aid Injury Any Public Liability **Hazard Observation** Near Miss Incident **Production Loss** Other Accident/Incident/Near Miss Part 2. Date: Time: Location: Number of Person Involved in Incident: Injury(s) – Nature of Injury: Medical Treatment Given: Ambulance: Offered but refused Accident/Incident/Near Miss Part 3. In your own words, describe what happened:

Please tick the below if the person has been informed of Incident: Maali Medical Director Maali Medical Senior Management **NDIS Commissioner** NDIS Area Co-ordinator **Clients Family** Police **Declaration**

Maali Medical Directors Signature Thank you for taking the time to provide feedback about our services.

No

I declare the information I have provided to be true and correct

Further Investigation Required?

Signature:

Yes

Date: