Injury at Work – Reporting Template (Appendix C)

In accordance with the applicable Standard Operating Procedure adopted by this Ministry, this form together with supporting documents are to be submitted by the Head of School/College/Section/Department by email to: injuryboard.mes@gov.mt upon notification of an injury on duty. **This form should be submitted immediately upon notification of any injury at work**.

Please note that this form does not replace the obligatory Application for Injury Benefit (NI 30) form, to be submitted to the Social Security Department (however, a scanned copy of the completed NI 30 including blue Medical Certificates are to be sent with this form to injuryboard.mes@gov.mt).

Name of School / Section	
Name of Injured Officer	
ID Card No. of Injured Officer	
Grade of Injured Officer	
Date and time of accident	
Site where accident took place	
Details of the activity that officer was carrying out at the time of the accident	

Witnesses to this accident may be required to submit a written statement to be attached to this form.

Name Surname and Grade of witness 1 *Please include mailing address and phone contact details*	
Name, Surname and Grade of witness 2 *Please include mailing address and phone contact details*	

Please turn page

Disclaimer: Personal Information provided in this form is protected and will only be used in accordance with the provisions of the Data Protection Act.

Brief description of the accident, including nature and severity of injuries sustained and parts of body injured *(any additional information not provided in the previous sections overleaf)*.

Please describe clearly how the accident happened, existing conditions, what the officer was doing, whether any equipment /machinery was involved and any immediate action taken *(e.g. First aid given, referral to health centre, called an ambulance or other as necessary.)*

Please list documentation / supporting evidence directly related with incident included with this form.	

Name and grade of officer completing this form	
Date when this form is completed and submitted to injuryboard.mes@gov.mt	

I declare that, to the best of my knowledge, the information herein is true, correct and complete.

_____

Signature

Rubber stamp

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