



MASS 83
Accident and Incident Form

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

To be completed to report accidents and incidents involving MASS assistive technology.

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Section A – Client Information

Client Address

MASS URN (if known)

NDIS participant number (if known)

Equipment Type

Plaque Number (if applicable)

Section B – Accident/Incident Description

1. Date of Accident/Incident

2. Who was using the equipment at the time? Client Other (please specify)

3. Was the person using the equipment injured? Yes No
If yes, please provide details

4. Did the equipment stop working or break before/during the event? Yes No

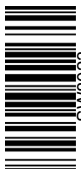
5. Was the equipment damaged? Yes No

6. Was there damage to other property? Yes No
If yes, please provide details

7. Was anyone else injured? Yes No
If yes, please provide details

8. Were the police or a doctor informed of this event? Yes No
If yes, please provide details

DO NOT WRITE IN THIS BINDING MARGIN



9. Event description

Section C - Details of any witnesses to the accident/incident

Witness name

Email Address

Telephone

Signature

Date

Witness name

Email Address

Telephone

Signature

Date

Section D - Declaration

I certify that the information listed is correct Yes No

Signature of Client/Guardian or authorised decision-maker on behalf of Client

Name of Client/Guardian or authorised decision-maker on behalf of Client

Date

If authorised decision-maker, specify authority e.g. Enduring Power of Attorney

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au

Website: health.qld.gov.au/mass

Brisbane:

PO Box 281, Cannon Hill Qld 4170

Telephone: 07 3136 3636

Townsville:

PO Box 980, Hyde Park Qld 4812

Telephone: 07 4433 8000