Incident Report Form

fishcare victoria

Details of Accident	
Date of Accident:	**Time:**
Location:	**Date Reported:**

Injured Person		
Name:		
Phone number:		
Address:		

Type of injury:			
☐ Sprain or Strain	☐ Scratch/abrasion	☐ Chemical reaction	☐ Bruising
☐ Fracture/ dislocation	☐ Amputation	☐ Foreign body	☐ Internal
☐ Laceration/ cut	☐ Burn/scald	☐ Illness	
☐ Other (write details)			
Injured part of body:			

The Accident
Describe what happened, causes and prevention.

Particulars of Accident
Type of treatment given:
Name of person giving treatment ☐ First Aider? ☐ Doctor?
Witnesses: Yes ☐ No (If ☐ yes write names and contact details)
Accident investigated by (print full names and sign)