



Volunteer Marine Rescue Brisbane Inc

Providing a Safer Marine Environment for Our Community

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Record of Injury, Illness and/or Occurrence

Details of Injured/III Person

Surname of Injured/III Person:

First Names of Injured/III Person:

Street Address:

Suburb Post Code

Date of Birth:/...../..... Gender: Male Female

Relationship to Workplace: Unpaid/Volunteer/Visitor/Other:

Type of Incident: Accident Illness Occurrence

Date of Incident:/...../..... Approximate Time: hrs

Description and Location of Personal Damage:

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How did Injury, Illness or Occurrence Happen?

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Medical Treatment Required or Given:

Nil First Aid Doctor Ambulance Hospital

Corrective Action Identified:

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Name of Duty Master: Signature:

Name of Injured/III Person: Signature: