C3 Incident Report Form

C3 Q Health Admission No ……..

C2 DPIF Admission No ……

- Please PRINT all details (and tick boxes or Circle YES/NO where appropriate).
- Sections 1 & 2 of this form **MUST** be completed on site by the Wildlife Carer in attendance and injured party.
- **ORIGINAL** of this report (sections 1 & 2) must be completed, signed and forwarded to the Care Co-ordinator within **24 hours** of incident.
- The Care Co-ordinator must be contacted immediately upon notification of the incident occurring.

1. INCIDENT DETAILS			
DATE:	TIME:	CALL/REF. NUMBER:	
NAME (Injured Party):			
INCIDENT LOCATION DETAILS: POSTCODE		RESIDENTIAL ADDRESS: (If different from Incident) POSTCODE	
PHONE	HOME:	MOBILE:	WORK:
DETAILS OF INCIDENT:			
AREA OF BODY INJURED:			
WILDLIFE CARER IN ATTENDANCE:			

2. INITIAL ADVICE I HAVE RECEIVED FROM WILDLIFE CARER ON SITE			
WOUND WASHING FOR 5 MINUTES:	**YES/NO**	IODINE APPLIED AFTER WASHING:	**YES/NO**
TO SEEK URGENT MEDICAL ATTENTION (WITHIN 24 HOURS) FROM MY G.P. OR HOSPITAL:			**YES/NO**
ANY OTHER RELEVANT ADVICE OR DETAILS:			
I/we agree that the above is a true and accurate account of the incident and advice given			
_____ SIGNATURE (INJURED PARTY – OR GUARDIAN)		_____ PRINT NAME	
_____ SIGNATURE (WILDLIFE CARER)		_____ PRINT NAME	

3. FOLLOW-UP ACTIONS: (TO BE PERFORMED BY CARE CO-ORDINATOR)	
INJURED PARTY CONTACTED: **YES/NO**	DATE:
MEDICAL CENTRE/HOSPITAL ATTENDED*:	
NAME OF TREATING MEDICAL PRACTITIONER*:	
TREATMENT GIVEN*:	
WHAT HAPPENED TO THE BAT/FLYING FOX? ☐ In Care ☐ Died/Euthanased ☐ Sent for Testing ☐ Other If other, please state ……	TEST RESULTS ☐ Positive ☐ Negative NOTES: ……..
_____ CARE CO-ORDINATOR'S SIGNATURE:	_____ PRINT NAME:
DATE FINALISED - NO FURTHER ACTION REQUIRED:	

IF MORE SPACE IS REQUIRED PLEASE USE BACK OF PAGE. *** If injured party is willing to provide this info**

NOTES OR ADDITIONAL INFORMATION