

VICTORIA PARLIAMENTARY FISKVILLE INQUIRY
UFU MEMBER FORM FOR RECORD OF EXPOSURES
AND INFORMATION

The Victorian Government has established an inquiry into the CFA Fiskville Training Ground which will be conducted by the Joint Environment and Natural Resources Committee.

The terms of reference of the inquiry are:

1. A comprehensive historical study of pollution, contamination and unsafe activities at Fiskville between 1970 and the present day;
2. A study of the health impacts on employees, residents and visitors between 1970 and the present day;
3. A study of the role of past and present executive management at Fiskville;
4. An assessment of the feasibility of decontamination/rectification of the training site; and
5. Recommendations as necessary to mitigate ongoing harm and to provide justice to victims and their families

The Committee has called for submissions and there will be public hearings and the UFU will be providing a comprehensive submission.

The UFU intends to include information of UFU members' personal accounts and experiences at Fiskville and therefore requests members that have trained or worked at Fiskville to fill out the following form and email to

If you have any queries about the Inquiry or need more information about providing the relevant information, please contact Wattie Watson on 0431 728 271 or at the UFU Office.

The form is attached but contains the following information:

Name	
Address	
Email address	
Telephone contact	
Employer	
Current position/rank	
Do you agree to have this form submitted to the Fiskville Inquiry by the UFU?	Yes /

	No
Do you want your identity kept confidential?	Yes / No
Dates or years attended Fiskville training ground	
Reason for attendance at Fiskville training ground	
Position/Rank while attending Fiskville	
Did you undertake any hot fire training while at Fiskville?	Yes / No
Did you come into contact with water on the training pad?	Yes / No
Did you come into contact with water in any of the dams?	Yes / No
Please list the areas/types of water you came into contact with:	
Did you experience any medical conditions during or immediately post your attendance at Fiskville?	Yes / No
If yes, did you have any of the following conditions:	
• Stomach pains	Yes / No
• Gastro	Yes / No
• Skin rashes	Yes / No
• Infections	Yes / No
• Other	
Did you seek any medical assistance for the above symptoms?	
Do you have records of exposure and/or medical assistance you can provide to the Inquiry?	Yes / No
Post your attendance at Fiskville, did you or your partner experience any reproductive issues?	Yes / No
Post your attendance at Fiskville, did any of your children exhibit any symptoms or medical issues that may be attributed to exposure to toxins or contaminated water?	Yes / No
Do you have any personal knowledge of the quality of water at Fiskville?	Yes / No
Do you have any personal knowledge of the testing or management of water at Fiskville?	Yes / No

Do you have any other information that may assist the Inquiry?	Yes / No
Please list and attach any documents that may be relevant to the Inquiry.	
Any other comment or information?	
SIGNATURE	
DATE:	