

ACCIDENT INCIDENT REPORT

COMPLETE ONLY IF AN ACCIDENT / INCIDENT OCCURS



PLEASE POST OR SCAN AND INCLUDE THE VOLUNTEER REGISTRATION FORM

CLEAN UP AUSTRALIA SUITE 701, LEVEL 7, 140 ARTHUR ST, NORTH SYDNEY NSW 2060

OR SCAN AND EMAIL TO: CLEANUP@CLEANUP.COM.AU

What Day did the accident/incident occur?

Event Type :

- ☐ Individual/Community
- ☐ Primary School
- ☐ Youth (including High School)
- ☐ Business

Event / Accident Date :

d	d	/	m	m	/	y	y
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Site/Supervisor Details

Site Supervisor Name:

Site Council Area:

Site No. (if known)/Site Name:

Group/Organisation/School Name:

Site Address:

Town / Suburb

State:

Postcode:

Supervisor Contact No.:

Accident/Incident Details

Time:

Type of accident/injury:

Body part injured:

Describe the accident/incident identifying the cause:

Did the injury relate to a pre-existing injury or medical condition?

☐ Yes ☐ No

Did you advise your Site Supervisor of this injury or condition ?

☐ Yes ☐ No

Contact details of person involved

Full Name:

Age:

☐ Male ☐ Female

Postal Address:

State:

Postcode:

Contact Phone No.:

(Complete a separate sheet for each person involved in the accident/incident and attach.)

Did anyone witness the accident/incident? ☐ Yes ☐ No

If yes, please provide details:

Full Name:

Postal Address:

State:

Postcode:

Contact Phone No.:

Was the accident/incident reported to anyone? ☐ Yes ☐ No

If yes, to whom?

Full Name:

Organisation:

Position in organisation:

Postal Address:

State:

Postcode:

Contact Phone No.:

Action taken:

Signed (Site Supervisor):

Signed (Injured Party):

FOR INFORMATION CALL TOLL FREE 1800 CUA DAY / 1 800 282 329 OR VISIT CLEANUP.ORG.AU

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