

ACCIDENT INCIDENT REPORT

COMPLETE ONLY IF AN ACCIDENT / INCIDENT OCCURS



PLEASE POST AND INCLUDE THE VOLUNTEER REGISTRATION FORM

CLEAN UP AUSTRALIA, LEVEL 4, 233 CASTLEREAGH ST, SYDNEY NSW 2000

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

Event Type :

- ☐ Community
- ☐ Primary School
- ☐ Secondary School
- ☐ Youth Group
- ☐ Business

When did the accident/incident occur?

Event / Accident Date :

		/			/				
--	--	---	--	--	---	--	--	--	--

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

Gold Partners



Silver Partners



Founding Partner



Suppliers

