

# ACCIDENT INCIDENT REPORT

COMPLETE ONLY IF AN ACCIDENT / INCIDENT OCCURS



## POST, SCAN OR FAX AND INCLUDE THE VOLUNTEER REGISTRATION FORM

CLEAN UP AUSTRALIA 193 DARLINGHURST RD, DARLINGHURST NSW 2010

FAX: 02 8221 9513 OR SCAN 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 WWW.CLEANUP.ORG.AU

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