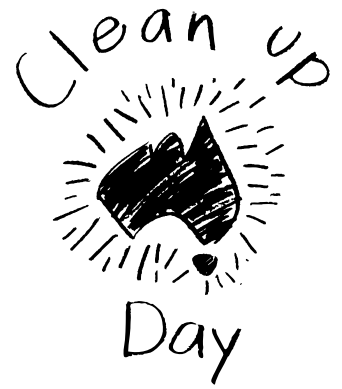


# Accident Incident Report

Clean Up Australia Day 2008

This form must be completed by the Site Supervisor ONLY if an accident/incident occurs.



Please post or fax ASAP to:  
**Clean Up Australia, 18 Bridge Road, Glebe NSW 2037**  
**Fax: (02) 9552 4468**  
with a copy of the Volunteer Registration Form.

What Day did the accident/incident occur?

- Clean Up Australia Day** Sunday 2 March  
 **Schools Clean Up Day** Friday 29 February  
 **Business Clean Up Day** Tuesday 26 February  
 **Other please specify** \_\_\_\_\_

## Site/Supervisor Details

Site Supervisor Name: \_\_\_\_\_  
Site Council Area: \_\_\_\_\_ Site No. (if known)/Site Name: \_\_\_\_\_  
Group/Organisation/School Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
State: \_\_\_\_\_  
Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Supervisor Contact No.: \_\_\_\_\_

## Accident/Incident Details

Time: \_\_\_\_\_  
Type of accident/injury: \_\_\_\_\_  
Body part injured: \_\_\_\_\_  
Describe the accident/incident identifying the cause:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.: \_\_\_\_\_

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

Yes  No

If yes, was this condition disclosed on the volunteer registration form?

Yes  No

## Contact details of person involved

Full Name: \_\_\_\_\_  
Age: \_\_\_\_\_  Male  Female  
Postal Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_

**Action taken:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed (Site Supervisor):** \_\_\_\_\_

**Signed (Injured Party):** \_\_\_\_\_

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

**For more information call toll free 1800 CUA DAY/1800 282 329 or visit [www.cleanup.org.au](http://www.cleanup.org.au)**

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