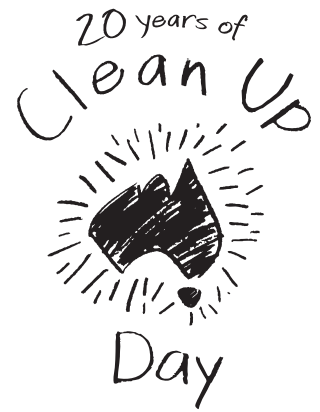


Accident Incident Report

Clean Up Australia Day 2010

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



Please post or fax ASAP to:
Clean Up Australia
PO Box R725
Royal Exchange NSW 1225
Fax: 02 9251 6249

Please include
a copy of the
Volunteer
Registration Form.

What Day did the accident/incident occur?

- | | | |
|--|--|---|
| <input type="checkbox"/> Clean Up Australia Day | <input type="checkbox"/> Schools Clean Up Day | <input type="checkbox"/> Business Clean Up Day |
| <input type="checkbox"/> Sunday 7 March | <input type="checkbox"/> Friday 5 March | <input type="checkbox"/> Tuesday 2 March |
| <input type="checkbox"/> Other please specify | <input type="checkbox"/> Other please specify | <input type="checkbox"/> Other please specify |

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

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.: _____

(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 more information call toll free 1800 CUA DAY/1800 282 329 or visit www.cleanup.org.au

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