

ACCIDENT INCIDENT REPORT

COMPLETE ONLY IF AN ACCIDENT / INCIDENT OCCURS



POST OR FAX ASAP AND INCLUDE THE VOLUNTEER REGISTRATION FORM

CLEAN UP AUSTRALIA PO BOX R725 ROYAL EXCHANGE NSW 1225 FAX 02 9251 6249

What Day did the accident/incident occur?

Event Type :

- Individual/Community Clean Up
- Schools Clean Up Day
- Business Clean Up Day

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.CLEANUPAUSTRALIADAY.ORG.AU

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