

ACCIDENT INCIDENT REPORT

COMPLETE ONLY IF AN ACCIDENT / INCIDENT OCCURS



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

OR POST TO: CLEAN UP AUSTRALIA, LEVEL 4, 233 CASTLEREAGH STREET, SYDNEY NSW 2000

Event Type :

- Community
- Primary School
- Secondary School
- Business

When did the accident/incident occur?

Event / Accident Date :

□□ / □□ / □□□□

Site/Supervisor Details

Site Supervisor Name: _____

Site Council Area: _____

Event 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

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