



# G.J. Gardner Homes Clean Up Week

10<sup>TH</sup>-16<sup>TH</sup> SEPTEMBER 2018



**G.J. Gardner.**  
HOMES

## Accident/Incident Report

This form must be completed by the site supervisor only if an accident/incident occurs. Please complete a separate sheet for each person involved in the accident/incident. Alternatively you can complete an accident/incident report online.

**Please return by post to Keep New Zealand Beautiful, PO Box 58932, Botany, Auckland.  
Or email to [cleanup@knzb.org.nz](mailto:cleanup@knzb.org.nz).**

### Site/Supervisor Details

Site Supervisor Name: .....  
Site Council Area: ..... Site Name: .....  
Group/Organisation/School: .....  
Site Address: .....  
Town/Suburb: ..... Postcode: .....  
Supervisor Contact Phone Number: .....

### Accident/Incident Details

Near Miss  Onsite First Aid  Medical Treatment Case

Date/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/injured person:

Full Name: .....

Age: .....  Male  Female

Postal Address: .....

Suburb/Town: ..... Postcode: .....

Contact Phone No: .....

Did anyone witness the accident/incident?

YES  NO

If yes, please provide details:

Full name: .....

Postal Address: .....

Suburb/Town: .....

Postcode: .....

Contact Phone No: .....

Additional witness details:

Full name: .....

Postal Address: .....

Suburb/Town: ..... Postcode: .....

Contact Phone No: .....

Action taken: .....

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Signed (Site Supervisor): .....

Signed (Injured party): .....