

# Clean Up Week

7-13 SEPTEMBER 2020



## Accident/Incident Report

This form must be completed by the Event Coordinator only if an accident or incident occurs. Please complete a separate sheet for each person involved in the accident or incident. Alternatively you can complete an Accident/Incident Report online at [www.knzb.org.nz](http://www.knzb.org.nz). Please return by post to Keep New Zealand Beautiful, **PO Box 58932, Botany, Auckland** or scan and email it to [cleanup@knzb.org.nz](mailto:cleanup@knzb.org.nz).

### Event Coordinator Details

Event Coordinator name: .....  
Site council area: ..... Site name: .....  
Group/organisation/school: .....  
Site address: .....  
Town/suburb: ..... Postcode: .....  
Event Coordinator 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:

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 (Event Coordinator):.....

Signed (injured party): .....