

Community Clean Up



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. Please return by post to Keep New Zealand Beautiful, **PO Box 58932, Botany, Auckland** or scan and email it to 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):