

FORM 5 INCIDENT / HAZARD REPORT

Please complete this form for any incident or injury sustained during an Adopt-a-Spot clean up activity. Return completed form/s to KQB immediately after your clean up activity.

Group Name: _____

Details of Injured person

Surname:		Given Name/s:	
Residential Address:			
		Postcode:	
Telephone (B/H):		Telephone (A/H):	
Mobile:		Email:	
Date of Birth:	/ /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
If under 18 years, has the parent/guardian been notified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of Incident

Date:	/ /	Time:		Day (Monday, Tuesday):	
Where did the incident occur (address/location):					
Nature of injury/illness (fracture, sprain, shock, cut, etc):					
Bodily location of injury:					
Was an ambulance called?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Medical Treatment:		<input type="checkbox"/> Not required	<input type="checkbox"/> First Aid		
		<input type="checkbox"/> Doctor only	<input type="checkbox"/> Hospital		
Doctor / Hospital admitted to:					
Mechanism of Injury:		<input type="checkbox"/> Falls, trips, slips	<input type="checkbox"/> Sound and pressure		
		<input type="checkbox"/> Hitting objects w body	<input type="checkbox"/> Body stressing		
		<input type="checkbox"/> Mental stress	<input type="checkbox"/> Heat / electricity		
		<input type="checkbox"/> Chemicals	<input type="checkbox"/> Cuts / Stab wound		
		<input type="checkbox"/> Other substances	<input type="checkbox"/> Other		
Agency of Injury:		<input type="checkbox"/> Machinery	<input type="checkbox"/> Transport		
		<input type="checkbox"/> Animal / Human	<input type="checkbox"/> Powered equipment		
		<input type="checkbox"/> Non-powered equipment	<input type="checkbox"/> Environmental		
		<input type="checkbox"/> Chemicals	<input type="checkbox"/> Other		

Brief description of how injury/illness occurred (to be completed by the person involved, if possible):									
Signature of person involved:						Date:			
Group Leader's Statement									
Are you satisfied that the incident occurred as stated or described above?					Yes		No		
Details:									
Hazard Report									
Brief description of hazard/health and safety issue:									
Location of hazard:									
Date identified:		/ /		Time identified:		AM PM			
Action Taken									
Reported to KQB:		Yes	No	Date:		/ /		Person notified:	
Authority notified:		Yes	No	Date:		/ /		Person notified:	
<i>If applicable, list details of all other organisations / people notified of the hazard, including contact method, time/date, position, etc:</i>									
Additional Comments:									
Group Leader Name:									
Group Leader Signature:					Date:		/ /		
<p>Please fax, email or post completed incident or hazard report, or direct enquiries to:</p> <p>Keep Queensland Beautiful PO Box 3260, South Brisbane Qld 4101 T: 07 3040 2999 F: 07 3259 8211 E: info@keepqueenslandbeautiful.org.au W: www.keepqueenslandbeautiful.org.au</p> <p>Privacy: The information you provide in association with your volunteering role with Keep Queensland Beautiful is for the sole use of COMMUNITY PROJECTS QUEENSLAND LTD and will not be disclosed to a third party without your consent.</p>									