

Please complete this form for any incident or injury sustained during a Road Watch-Adopt A Road clean-up activity. Return the completed form to the Road Watch program co-ordinator immediately after the clean-up activity:

*Sarah Bruns: KESAB/Road Watch, 214 Grange Road, Flinders Park SA 5025  
roadwatch@kesab.asn.au (08) 8234 7255*

GROUP NAME:	GROUP LEADERS' NAME:
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**Details of person involved in the incident**

Surname:	Given name/s:
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Residential address:

Telephone (Business hours):	Telephone (After business hours):
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Mobile:	Email:
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Date of birth:                    /                    /	Male    or    Female                    (please circle one)
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If under 18 years of age has the parent/guardian been notified?	Yes    or    No                    (please circle one)
	Guardian name:
	Guardian contact phone:

**Details of incident**

Date:            /            /	Time:	Day (Monday, Tuesday):
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Where did the incident occur? (address / location):	

Bodily location of injury: (hands, feet etc.)	
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Nature of injury/illness: (fracture, cut, shock, etc):			
Was an ambulance called?		Yes	No
Medical treatment administered:		Not required	First aid
		Paramedic	Doctor only
		Hospital	Other/specify:
Type of injury – give details:		Falls, trips, slips	Needles / sharps
		Hitting objects w body	Body stressing
		Mental stress	Burn / Electric shock
		Chemicals e.g., <i>battery acid,</i> <i>fertilizer</i>	Cuts / stab wound
		Other substances	Details:
Cause of Injury - give details:		Needle stick injury	Vehicle
		Animal / human	Powered equipment
		Non-powered equipment e.g., <i>shovel, grabber</i>	Environmental e.g., <i>falling branches</i>
		Chemicals e.g., <i>battery acid,</i> <i>fertilizer</i>	Other with details:
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



<b>Details:</b>	
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<b>Hazard Report</b>
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<b>Brief description of hazard/health and safety issue:</b>	

<b>Date identified:</b>	/ /	<b>Time identified:</b>	AM / PM
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<b>Location of hazard:</b>	
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<b>Action Taken</b>
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<b>Reported to KESAB</b>		<b>Yes</b>		<b>No</b>	<b>Date:</b>	/ /	<b>Person notified:</b>	
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<b>Authority notified: <i>i.e., Police, etc.</i></b>		<b>Yes</b>		<b>No</b>	<b>Date:</b>	/ /	<b>Person notified:</b>	
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If applicable, list details of all other organisations / people notified of the hazard, including contact method, time/date, position, etc:

**Additional comments:**

<b>Group leader name:</b>	
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<b>Group leader signature:</b>	<b>Date:</b>	/ /
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