

# Incident Report Form

To be completed in the event of an incident resulting in an injury or health & safety issue involving a member of your tour group. Please give the completed form to one of our reps on location in order for us to recognise the risk, and ensure measures are in place to control it. If you are unable to do so, then please send to: Sports Travel International Ltd. Enterprise House, Stansted Airport, Essex, CM24 1QW, England

Group Name

Group Leader Name

Tour Dates

Booking Ref

Date of Incident

Time of Incident

Location of Incident

Full Details of Incident/Accident including who was involved

Name of Individual(s) receiving medical treatment

Give details of treatment received

Name and Contact Details of Doctor or Clinic

Name and Contact Details of any Witness(es)

Was the incident reported to: Rep? Coach Driver? Hotelier? Police? Please give details

Anyone Else Involved



Witnesses



Could the incident have been avoided and/or measures be taken to avoid a reoccurrence?

Form Completed By

Position/Status (e.g. Group Leader, Teacher, Rep, Participant)

Signed

Contact Number

For Official Use Only

Entered to log by		Date		Log No.	
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Action Taken: