

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 send the completed form to us in order for us to recognise the risk, and ensure measures are in place to control it. Sports Travel International Ltd., 10 Chapel Hill, Stansted, Essex, CM24 8AG. Fax: 01279 647 208.

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: 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. Teacher, Rep)

Signed

Contact Number

Address

Email Address

For Official Use Only

Entered to log by		Date		Log No.	
-------------------	--	------	--	---------	--

Action Taken: