

Incident Report Form

To be completed in the event of an incident which results in an injury or health & safety issue (or near miss) involving a member of your tour group. Please send the completed for to us by email to: contact@absolutetravel.co.uk as soon as you can after the incident. This will help us to review this at the earliest possibility and ensure any learnings and action at our end. Thank you in advance.

Group Name

Group Leader Name

Tour Dates

Booking Ref

Date of Incident

Time of Incident

Location of Incident

Name of Individual(s) receiving medical treatment and date of birth

FULL NAME:

DATE OF BIRTH:

Full Details of Incident/Accident

Details of treatment received if any?

Name and Contact Details of Doctor or Clinic

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

Anyone Else Involved?

Name of any 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 Company Use Only

Entered to log by		Date		Log No.	
Action Taken:					

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10 Chapel Hill, Stansted, CM24 8AG | 01279 647 566 | contact@absolutetravel.co.uk
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