

Incident Report Form

To be completed in the event of an incident which results 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, review and ensure measures are in place to control it.
Absolute Travel & Tours Limited (Absolute Sports Travel, Absolute School Travel, Absolute Skiwise): 10 Chapel Hill, Stansted, Essex, CM24 8AG. Fax: 01279 647 208.
tours@absolutetravel.co.uk

Group Name	Group Leader Name
<input type="text"/>	<input type="text"/>
Tour Dates	Booking Ref
<input type="text"/>	<input type="text"/>
Date of Incident	Time of Incident
<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
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Witnesses

<input type="text"/>	<input type="text"/>
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Could the incident have been avoided and/or measures be taken to avoid a reoccurrence?

Form Completed By	Position/Status (e.g. Teacher, Rep)
<input type="text"/>	<input type="text"/>

Signed	Contact Number
<input type="text"/>	<input type="text"/>

Address	Email Address
<input type="text"/>	<input type="text"/>

For Official Use Only

Entered to log by		Date		Log No.	
Action Taken:					