This Incident Report Form is to be filled in by an activity leader and submitted to the Check-In Officer where:

* An injury requiring (or likely to require) medical attention occurs during the activity; or
* A significant incident occurs during the activity.

*A significant incident is one in which there was a need to involve outside authorities; an unanticipated and serious threat to the safety of the party; a lengthy and unexpected delay to the progress of the party; major damage to property; or any other unforeseen event about which groups walking in the area should be warned.*

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| --- | --- | --- | --- |
| Activity: |  | Incident date & time: |  |
| Incident location: |  | | |
| Name of injured: |  | Phone no.: |  |
| Address of injured: |  | | |
| Names and addresses of those present when incident occurred (attach list if necessary): | | | |
| Names | Addresses | | |
| Leader’s report on the nature and extent of the incident: | | | |
| Details of injury/loss | | | |

Leader: Date:

Name Signature