

SFG 2 Incident report Form

Name of leader...

signature...

Name of co-leader or backmarker...

signature...

Date of incident

Time of incident

Walk details [starting point and name or Footpath number(s)]

Location of incident

Name of person involved

Name of next of kin, if known

Address and phone number(s)

Injuries sustained, if any and if known

Details of incident; describe the event(s)

Action taken

Describe what emergency services were required, if any

If possible, obtain any incident number from the Emergency Service.

Report on outcome, such as recovery