



ACCIDENT / INCIDENT REPORT FORM

CONFIDENTIAL

Nat. Office Ref. No.

This form should be completed by the Group Leader, or County Commissioner (in the case of a County activity). It should NOT be completed by or referred to the injured person or any person acting on his/her behalf. The form should be returned to National Office within 7 days. If all the information is not to hand, please return the form immediately and forward this information later.

SIF 10/05
28th Feb 05

Group: _____	INJURED PERSON (Full name Mr/Mrs/Ms/etc.)
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Member of S.I.? Yes No If no, was injured person helping run the activity? Yes No

Home Address: _____

& Phone No. _____

Date of Birth/Age: _____ Occupation: _____

Date & Time of Incident: _____ Type of Activity: _____

Location of Incident: _____

(Full address please) _____

To whom was incident reported? _____

Address & Phone No: _____

Date Reported: _____ Time Reported: _____

Give full description of incident: _____
(Attach all internal investigations/reports)
[Continue on a separate sheet if necessary] _____

Nature and full extent of injuries / damage to property: _____
(please be as specific as possible)

Did injured person: Go Home [] Visit Doctor [] Go to A&E [] Stay in Hospital []

Name of Doctor/Hospital: _____

What treatment was given: _____
Please supply information

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Names of Witnesses

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Who was in charge? _____ Position: _____

Address: _____

Was the incident caused by any defect in machinery, equipment or premises? Yes No

If yes please specify: _____

(Please retain any equipment involved in the incident pending further instructions from National Office.)

How can a re-occurrence of incident be prevented? _____

Name, address & telephone number of
Leader or other person who can be asked,
if necessary, for further information: _____

I confirm that the particulars supplied herein to be true to the best of my/our knowledge and belief

Signed: _____ Date: _____

(Group activity: Group Leader / County activity: County Commissioner / other: Person in Charge)

Address: _____

Phone No: _____

Please return to: Scouting Ireland
National Office
Larch Hill, Dublin 16