| **GROUP NAME:** |  |
| --- | --- |
| **SESSION:** |  |

| 1. ***Incident Category***
 |
| --- |
| *☐ Fire* | *☐ Break-In / Theft* | *☐ Property / Equipment Damage* |
| *☐ Traffic Incident* | *☐ First Aid / Medical Assistance* | *☐ Near Miss / Dangerous Occurrence* |
| *☐ Other - describe:* |
| 1. ***Incident Details***
 |
| *Date:* | *Time:* |
| 1. ***Is this linked to an Accident Form :***
 |
| **Yes** | □ | **Accident Form. REF No:** |  | **No** | □ |
| ***Describe what happened:*** |
|  |
| ***Describe what was damaged:*** |
|  |
| ***Action Taken:*** |
|  | ***Example:*** *Meeting minutes, Training Session, Risk Assessment reviews/updates, safety inspections.****BE DETAILED AND KEEP ASKING, ‘WHY’ (5 Times)*** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. ***Other Details:***
 |
| *To whom was the incident first reported?* |  |
| *Was any person injured?**If yes, then complete & attach Accident Report Form.* | *☐ Yes ☐ No* |
| *Were there any witnesses? If so, please record their details in section 5 of this form.* | *☐ Yes ☐ No* |
| *Has each witness completed a Witness Statement* | *☐ Yes ☐ No* |
| *Has your Group leader been informed? If yes, to whom and when:* | *Date Informed:* | *To Whom:* |
| *Has the Booking Secretary / Group Scout Leader been informed? If yes, to whom and when:* | *Date Informed:* | *To Whom:* |
| 1. ***Witness Details***
 |
| ***Name*** | ***Group*** | ***Role*** |
|  |  |  |
|  |  |  |
| ***Ensure photographs of the incident location are taken, forward copies when available.*** |
| 1. ***Person completing the form – I believe the information in the form is true***
 |
| ***Name:*** |  | ***Title:*** |  |
| ***Date:*** |  | ***Signature:*** |  |

**\* Note:** Completed copy to be sent to gsl.8thchelmsfordscoutgroup@gmail.com