| **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)*** | | | | | | | | | | |  | | | |  | |
|  |  | | | | | | | | | | |  | | | |  | |
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|  |  | | | | | | | | | | |  | | | |  | |
| 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](about:blank)