

Incident & Accident Report Form



Use this form to report any personal injuries, near misses and any dangerous occurrences, which take place on ETHOS treks and experiences.

DETAILS OF THE ACCIDENT/INCIDENT

Date: _____ Time: _____ Location: _____

Describe the injury or incident:

What happened? How did it happen?

Were there any witnesses? _____ If so, give their contact details (name, phone, address)

WAS ANYONE INJURED?

Name: _____ Age: _____ M F Nationality: _____

Address: _____ Phone: _____

(If more than one person was injured, complete a separate "Incident & Accident Report Form")

TREATMENT DETAILS

None First Aid Outpatient Clinic Advised to see GP Hospital Hospital Stay? *How many nights?*

Other treatment details: _____

ACTION

What action was taken at the time?

FORM COMPLETED BY:

Name: _____ Title: _____ Phone: _____

Address: _____ Date: _____