

**TO BE COMPLETED BY THE PERSON RECEIVING INFORMATION ABOUT AN INCIDENT**

<b>Name of School/Group</b>	
<b>Name of caller</b>	
<b>Number in group</b>	
<b>Time Now</b>	
<b>Visit</b>	
<b>Position in group</b> (leader/assistant/group member)	
<b>Present location</b>	
<b>Grid ref- lat/long (if appropriate)</b>	
<b>Available contact numbers</b>	

<b>Description of the incident</b> (include any actions taken so far)	
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<b>When did the incident happen?</b>	<b>Date</b>	<b>Time</b>					
<b>Casualty details (if known yet)</b>	<b>Number involved</b>						
	<b>Names</b>						
<b>Is the group leader in control of the situation?</b>	<b>YES</b>	<b>NO</b>					
<b>Where is the group leader now?</b>							
<b>Where are the casualties now?</b>							
<b>Where are the rest of the group now?</b>							
<b>Who is in charge of the rest of the group?</b>							
<b>What are the intentions for the rest of the group?</b>							
<b>Have the emergency services been contacted? If so, Which?</b>	<b>YES</b>	<b>NO</b>	<b>Ambulance</b>	<b>Police</b>	<b>Fire</b>	<b>Mountain Rescue</b>	<b>Coastguard</b>
<b>What assistance is required?</b>							
<b>Conditions at location (weather/ sea state)</b>							
<b>Are the group adequately equipped?</b>							
<b>Remind group about home contact (no phones/video/photo/social media)</b>							

<b>Name of the school/centre designated contact</b>	
<b>Phone number Landline</b>	
<b>Phone number Mobile</b>	

<b>This form completed by (name)</b>		<b>Date</b>		<b>Time</b>	
<b>Information passed to (name)</b>		<b>Date</b>		<b>Time</b>	

<b>Contact made with LA/Simonside contact? 0191 4240118 <a href="mailto:info@simonsideoutdooradventure.com">info@simonsideoutdooradventure.com</a></b>	<b>YES</b>	<b>NO</b>	<b>WHO</b>	
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