



1.3J TEMPLATE 1: ACCIDENT/INCIDENT REPORT FORM

Name of group:

Name of group leader:

DETAILS OF PERSON(S) INVOLVED IN INCIDENT:

Name:

Age:

DETAILS OF INCIDENT: *Please state in your own words what happened.*

Date, time and location of incident:

Name(s) and address(es) of witness(es)

a:

b:

c:

Follow Up Action

Describe what action was taken (e.g. details of first aid, Garda or medical involvement).

Who undertook this follow-up action:

Signed by person reporting:

Date:

Position:

Countersigned by leader in charge of group:

Date: