WALKING INCIDENT REPORT

Please complete this form to report/record any injury where first aid was administered whether considered to be minor or serious.

Name of Walk 3

Walk Leader……Sweeper……

Name of Injured Party…….....82.....…..Age…….Male/Female,

Location of Incident/ Grid Reference……Time……...

Description of Incident……..……

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Description of Injury ……..……..

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Who administered First Aid and what was done?……..…..……

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Were the emergency services called?

Which emergency services were involved and at what time did they arrive and depart from the scene of the accident.

Was the injured person taken to a medical facility YES/NO

If YES, where?.....

How transported……..….

Weather Conditions……

Walking surface conditions…….Track/Path/Road etc.

Was a photo taken of the scene? YES/NO (If yes please attach to email with this form)

Other than emergency services who was involved in helping in any way with the casualty and what did they do?

Additional Information after the walk Angela went to her local centre de salud. Received 4 clips and a tetanus injection. No paiin.……

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What actions were taken to ensure that the walking group who were not involved with the incident returned safely to the finish?

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Signature of Leader……....……..Date…….

Signature of Sweepcer……..……

Please complete as soon as possible and send by email to: chair@cbmwalkers.org