

Greenwich Flying Squadron

Incident Notification Form

Reference	
Date	
Time	
Author	

Date & time of incident:	
Location:	
Name of injured person(s):	
GFS Member or visitor :	
Address:	
Tel no / email :	
Age :	
Name of person carrying out investigation :	
Date and time of investigation :	

DESCRIPTION OF ACCIDENT

Describe what happened:	
What was the injured person doing at the time of the accident?	
Give any details of any equipment used:	
Environmental factors : (eg weather, lighting, measurements if applicable)	
Contributing Factors (eg under the influence of alcohol, unsupervised children, carelessness)	

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INJURIES

Description of Injuries: Factors (incl left or right and specific parts of body)	
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FIRST AID

Was First Aid provided?	
Who by?	
Date & time :	
Details of First Aid provided:	
If First Aid was not provided, please state why?	
Was the injured person sent to hospital?	
Who If "Yes", how? (ambulance, taxi, private vehicle)	

WITNESS DETAILS

Name:	
Contact Details:	
GFS Member or Visitor?	
Relationship to Injured Person:	

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CAUSE OF ACCIDENT

TYPE	COMMENT
IMMEDIATE	
UNDERLYING (unsafe acts or conditions)	
ROOT	

REMEDIAL ACTION

ACTION COMPLETED / OUTSTANDING	PERSON RESPONSIBLE	DATE COMPLETED