

Additional Incident Narrative



GUIDANCE NOTES

The Incident Report Form gives details of the conditions that led to the incident, the nature of the incident itself and all the SAR organisations involved. This form should be filled in for every incident that is to be considered as a Life Saved, where:

- **Life Saved** – if a Lifesaver or water safety cover had not intervened, life would have been lost

In addition this form can be used to provide additional information where the incident warrants it

This form may also be used to supplement incidents of Lost / Stolen / Damaged Equipment

COPY DISTRIBUTION

1. Original copy to be attached and sent with appropriate Incident Report and Patient Report form to SLSGB Headquarters
2. Senior Officer copy
3. Remain at Facility

TO ENSURE MULTIPLE COPIES PLEASE COMPLETE IN PEN AND ON A HEARD SURFACE

Additional Incident Narrative



COMPULSORY FOR EVERY INCIDENT CONSIDERED AS A LIFE SAVED

Area:	Unit:
Incident Report Number:	Date of Incident: / /
Incident Type:	

CONFIDENTIAL

Name:	Signature:
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