

Incident Report Forms



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 Major First Aid, Assistance, Search and Near Miss:

- **Rescue** – where a Lifesaver or water safety cover responds to a person at risk, and physically returns them to shore or transfers them to another rescue craft
- **Major First Aid** – where a Lifesaver or water safety cover treats a patient who is at risk due to sickness or injury, and has called in external assistance
- **Assistance** – where a Lifesaver or water safety cover aids a person in the sea who is at very little risk, but if left, would be at risk later
- **Search** – An organised search with other SAR units for a missing person either at sea or on land - includes body recovery
- **Near miss** – Any occurrence where a person might have been injured by watercraft i.e. powered or otherwise

Incident Report Number – should be copied over from the original (Incident Report Form) onto a duplicate (Patient Report Form) if this is used

U.I.I.N. (Unique Incident Identification Number) – this number must be obtained for all incidents involving HMCG

Life Saved – if a Lifesaver or water safety cover had not intervened, life would have been lost - under these circumstances an Additional Incident Narrative must be completed and attached to Incident and Patient Form

Alerted to Incident by: Place a tick (✓) in the appropriate box

Co-ordinated by: Place a cross (✗) in the appropriate box

All SAR Units involved: Circle (○) all the boxes of the agencies involved in the incident

It may be that one box has a tick, cross and circle; this is fine!

Please ensure the volunteer box is ticked when a volunteer has been involved

All injuries that incapacitate a worker to be absent from or unable to do work that they would reasonably be expected to do as part of their normal work for more than 7 days, must be kept recorded and reported to the HSE within 15 days of the incident. To report the incident go to www.hse.gov.uk/riddor and complete the appropriate online report form or call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm)

COPY DISTRIBUTION

1. Copy to be sent to SLSGB Headquarters
2. Senior Officer copy
3. Remain at Facility

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

Incident report

Incident Report No. _____



Area: _____ Location: _____ U.I.I.N.: (if applicable) _____

Date __ / __ / __ Time: (24hr) __ : __ Duration: __ h __ mins

ALERTED TO INCIDENT BY: ✓		COORDINATED BY: X		OTHER SAR UNITS INVOLVED: ○	
LG Paid <input type="checkbox"/>	LG (vol) <input type="checkbox"/>	HMCG <input type="checkbox"/>	ILB <input type="checkbox"/>	ALB <input type="checkbox"/>	Police <input type="checkbox"/>
Ambulance <input type="checkbox"/>	Air Ambulance <input type="checkbox"/>	Fire <input type="checkbox"/>	SAR Helo <input type="checkbox"/>	Public <input type="checkbox"/>	Other <input type="checkbox"/>

LOCATION:	Craft / Surf Zone <input type="checkbox"/>	Red & Yellow / Buoyed Zone <input type="checkbox"/>	Non-zoned <input type="checkbox"/>	Other _____		
DISTANCE FROM SAFETY COVER: (Please tick)	1-10m <input type="checkbox"/>	10-50m <input type="checkbox"/>	50-100m <input type="checkbox"/>	100-500m <input type="checkbox"/>	500-1000m <input type="checkbox"/>	1000+m <input type="checkbox"/>
OPERATIONAL STATE OF THE BEACH:	Normal <input type="checkbox"/>	Red Flag <input type="checkbox"/>	Out of Hours <input type="checkbox"/>			

NATURE OF INCIDENT																		
Rescue <input type="checkbox"/>	Near Miss <input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>Child (0-12yrs)</th> <th>Teenager (13-17yrs)</th> <th>Adult (18-59yrs)</th> <th>Senior (60+yrs)</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Child (0-12yrs)	Teenager (13-17yrs)	Adult (18-59yrs)	Senior (60+yrs)	Male					Female					
	Child (0-12yrs)		Teenager (13-17yrs)	Adult (18-59yrs)	Senior (60+yrs)													
Male																		
Female																		
Search <input type="checkbox"/>	Major First Aid <input type="checkbox"/>																	
Assistance <input type="checkbox"/>	Other _____																	

EQUIPMENT USED							
IRB <input type="checkbox"/>	4WD <input type="checkbox"/>	Canoe/Ski <input type="checkbox"/>	Rescue Tube <input type="checkbox"/>	First Aid Eqpt <input type="checkbox"/>	Mountain Bike <input type="checkbox"/>	None <input type="checkbox"/>	
RWC <input type="checkbox"/>	ATV <input type="checkbox"/>	Rescue Board <input type="checkbox"/>	Throw Line <input type="checkbox"/>	Public Rescue Eqpt <input type="checkbox"/>	Other _____		

ACTIVITY						
Swimming <input type="checkbox"/>	Body Boarding <input type="checkbox"/>	Windsurfing <input type="checkbox"/>	Powered Craft <input type="checkbox"/>	Climbing <input type="checkbox"/>	Relaxing <input type="checkbox"/>	
Inflatables <input type="checkbox"/>	Surfing <input type="checkbox"/>	Kite-Surfing <input type="checkbox"/>	Sailing <input type="checkbox"/>	Walking <input type="checkbox"/>	Paddle boarding <input type="checkbox"/>	
Ski paddling <input type="checkbox"/>	Beach/coastal running <input type="checkbox"/>	Surf boat rowing <input type="checkbox"/>	Other _____			

NARRATIVE OF INCIDENT
DO YOU CONSIDER A LIFE HAS BEEN SAVED? <input type="checkbox"/> (If ticked - You MUST complete Additional Incident Narrative)

CAUSE OF INCIDENT						
ENVIRONMENTAL						
Rip Currents <input type="checkbox"/>	Estuarial Currents <input type="checkbox"/>	Surging Waves <input type="checkbox"/>	Strong Winds <input type="checkbox"/>	Cliff Fall/Land Slide <input type="checkbox"/>	Undertow <input type="checkbox"/>	
Sandbars/Sandbanks <input type="checkbox"/>	Plunging/Dumping Waves <input type="checkbox"/>	Offshore Winds <input type="checkbox"/>	Unsafe Beach Access <input type="checkbox"/>	Littoral Current <input type="checkbox"/>	Tidal Cut Off <input type="checkbox"/>	
High Seas/Heavy Surf <input type="checkbox"/>	HAZCHEM <input type="checkbox"/>	Water Quality <input type="checkbox"/>	Other _____			
PHYSICAL						
Cliffs <input type="checkbox"/>	Promontories <input type="checkbox"/>	Harbour Walls <input type="checkbox"/>	Piers <input type="checkbox"/>	Wave Breaks <input type="checkbox"/>	Jetties <input type="checkbox"/>	
Large Rocks <input type="checkbox"/>	Buildings <input type="checkbox"/>	Seawalls <input type="checkbox"/>	Groynes <input type="checkbox"/>	Other _____		
EQUIPMENT						
Equipment Failure <input type="checkbox"/>	Inappropriate Equipment <input type="checkbox"/>	Misuse of Equipment <input type="checkbox"/>	Inexperienced Hired Eqpt <input type="checkbox"/>			
BEHAVIOURAL						
Violent/Threatening behaviour <input type="checkbox"/>	Apparent act of daring <input type="checkbox"/>	Caused by another person <input type="checkbox"/>				
Believed to be under the influence of :	Alcohol <input type="checkbox"/>	OR	Drugs <input type="checkbox"/>	Self harm <input type="checkbox"/>		

ENVIRONMENTAL CONDITIONS				
WEATHER	WAVE HEIGHT	STATE OF TIDE		WIND CONDITIONS
Cloudless	< 0.5m	Spring low	Ebbing	Direction _____
Partly Cloudy	0.5 - 1.5m	Neap low	Flooding	Force _____
Overcast	1.6 - 2.5m	Mid		Windsock: Yes <input type="checkbox"/> No <input type="checkbox"/>
Rain	2.6 - 3.5m	Neap high		
Sea Fog/Mist	3.6 - 4.5m	Spring high		

Name: _____	Signature: _____	Volunteer <input type="checkbox"/>
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