HEALTH AND SAFETY
INCIDENT REPORT FORM

IN THE EVENT OF AN ACCIDENT OR INJURY TO ANY MEMBER OF YOUR GROUP PLEASE ENSURE THAT YOU COMPLETE THIS FORM AND EMAIL TO OUR OFFICE: **info@ibt-travel.com**

If you are in any doubt as to what action to take please call our helpline for assistance.

Office hours: **+44 (0)1292 477 771**

Out of office: **+44 (0)7753 739 885 (24hr helpline)**

1. Details

Group name		Location of incident	
Party leader		Date of incident	
Tour destination		Time of incident	

2. Who Was Involved

Name	Address	Phone No.

3. Description

Please give a brief description of the incident

4. Action Taken

What action was taken to resolve the issue?

5. Medical Treatment

Did any member of the group receive medical treatment?   Yes ☐   No ☐

Please state the name and address of Doctor or Clinic	
Name	Address

6. Reporting

Who was the incident reported to?		State name where possible	Date reported
IBT	☐		
IBT 24hr helpline	☐		
Hotelier	☐		
Coach driver	☐		
Police	☐		
Ski School	☐		
Other, please specify:			

7. Witnesses

Name	Address	Phone No.

8. Insurance

Have you notified your insurance provider about the incident?	Yes ☐	No ☐	
Insurance provider			
Date of notification		Time of notification	
What action did they recommend?			

I can confirm that the information I have supplied is to the best of my knowledge accurate.

Name			
Position held		Contact number	
Signature		Date	

Please ensure that you have:

1. Reported the incident to IBT within 24hrs.
2. Contacted your insurance company to inform them of the situation and to seek their recommendation on what to do next.
3. Returned a copy of this report to IBT.

OFFICE USE ONLY

Date received		*Action taken*
Actioned by		
Case supervisor		