

Report Form

This form should be returned to the assembly area collecting point, immediately after evacuation and also be given to any first national responders or Tourism Focal Point.

INCIDENT REPORT FORM					
Responsible staff/person's name: _____					
Number in establishment:		All persons are accounted for: Yes [] No []			
Missing persons or unaccounted for:	Name	surname	Where last seen:		Physical features <i>e.g. height e.g.1.2m, colour of clothes, colour of eyes, etc...</i>
Injured persons:			Type of injury?	Location of person	Any known medical condition