



Incident Report

Incident Report Number

Please complete daily activity form

Location: Lifeguard Unit: U.I.I.N. (if applicable):
 Date: __/__/__ Time: __:__(24 hour clock) Duration: __h __mins Postcode / OS Ref:

Please mark boxes below with the appropriate symbols: Alerted to Incident by: A Co-ordinated by: B Other SAR Units Involved: C
 LG (paid) LG (vol) Coastguard RNLI ILB RNLI OLB Police
 Ambulance Air Ambulance Fire Service SAR Helicopter Public Other
First contacted: Police (Date & Time): Coastguard (Date & Time)

Location: Craft / Surf Zone Red & Yellow Flag / Buoyed Zone Non-Zoned Other
 Distance from Lifeguard patrol: (please tick): 1-10m 10-50m 100-500m 500-1000m 1000+m
 Operational State of the Beach: Normal Red Flag Out of Hours

NATURE OF INCIDENT

Rescue <input type="checkbox"/>	Assistance <input type="checkbox"/>	Major First Aid <input type="checkbox"/>				
Search <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Minor First Aid <input type="checkbox"/>				
Lost Child <input type="checkbox"/>	Other <input type="checkbox"/>					

	Child (0-12yrs)	Teenager (13-17yrs)	Adult (18-59yrs)	Senior (60+yrs)
Male				
Female				

ANY INJURIES NOTED

First aid Outcome
 Bones/Spinal Hypothermia Illness Sunburn
 CPR: Other
 Did you use Extended Life Support? Defibrillator or Oxygen Kit

Equipment Used
 IRB 4WD Canoe / Ski Rescue Tube First Aid Equipment Mountain Bike None
 RWC ATV Rescue Board Throw Line Public Rescue Equipment Other

Activity
 Swimming Body Boarding Windsurfing Powered Craft Climbing Relaxing
 Inflatables Surfing Kite-surfing Sailing Walking Other

NARRATIVE OF INCIDENT (and outcome) – Continue on separate sheet if necessary

Do you consider a life has been saved? (If ticked – you MUST provide Additional Incident Narrative)
 Was a Third Party involved? (If ticked – you MUST provide Additional Incident Narrative)

CAUSE OF INCIDENT

Environmental:
 Rip Currents Estuarial Currents Surging Waves Strong Winds Cliff Fall / Land Slide
 Underflow Sandbars / Sandbanks Plunging / Dumping Waves Offshore Winds Unsafe Beach Access
 Littoral Current Tidal Cut Off High Seas / Heavy Surf HAZCHEM Water Quality

Physical:
 Cliffs Promontories Harbour Walls Piers Wave Breaks
 Large Rocks Buildings Seawalls Jetties Groynes Other

Equipment:
 Equipment failure Inappropriate Equipment Misuse of Equipment Inexperienced Hired Equipment

Behavioural:
 Violent/Threatening Behaviour Apparent Act of Daring Caused by another person
 Believed to be under the influence of: Alcohol or Drugs Self Harm

ENVIRONMENTAL CONDITIONS during incident

Weather:	Wind Force	Tide	Sea state	Beach
Warm <input type="checkbox"/>	Calm to Light 0-1 <input type="checkbox"/>	High Tide <input type="checkbox"/>	Calm <input type="checkbox"/>	Empty <input type="checkbox"/>
Hot <input type="checkbox"/>	To Gentle Breeze 2-3 <input type="checkbox"/>	Low Tide <input type="checkbox"/>	Slight Chop <input type="checkbox"/>	Quiet <input type="checkbox"/>
Cold <input type="checkbox"/>	To Strong Breeze 4-5 <input type="checkbox"/>	Mid <input type="checkbox"/>	Moderate Sea <input type="checkbox"/>	Busy <input type="checkbox"/>
Rain <input type="checkbox"/>	To Gale 7-8 <input type="checkbox"/>	Ebb <input type="checkbox"/>	Rough Sea <input type="checkbox"/>	Very Busy <input type="checkbox"/>
Overcast <input type="checkbox"/>	Force 10-12 not noted	Flood <input type="checkbox"/>		
Sea Fog / Mist <input type="checkbox"/>	Direction	4		
Storm <input type="checkbox"/>	Windsock: Yes <input type="checkbox"/> No <input type="checkbox"/>	Swell/surf height (in metres)..... m.		

Lifeguard Name: Lifeguard Signature: Volunteer
 Name of person helped: (CAPITALS) Signature: