



ACCIDENT FORM

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For Blue Stamp purposes, an accident is described as an incident where harm has come to an individual or individuals.

TRIP CODE _____ GROUP LEADER NAME _____

DATE OF ACCIDENT ____ / ____ / 20____ TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

NAME(S) OF INDIVIDUAL(S) INVOLVED / AFFECTED IN ACCIDENT _____

DATE AND TIME WHEN GROUP LEADER WAS INFORMED OF ACCIDENT ____ / ____ / 20____ AT _____

NAME(S) AND DETAILS OF ANY INDIVIDUALS OR PARTIES INVOLVED _____

DESCRIPTION OF ACCIDENT (CONTINUE ON REAR OF SHEET IF NECESSARY)

ACTION TAKEN (IF ANY)

ANY OTHER COMMENTS

ACCIDENT FORM COMPLETED BY _____ AT _____ (TIME) ON _____ (DATE)