



LICENSED TOUR OPERATOR INCIDENT RESPONSE FORM

Tour Operator Licence Number:

INITIAL REPORT

Tour Operator Details			
Tour Operator Contact Details:			
Park/Location			
Specific location of incident:			
Date & Time of Incident:			
Date & Time incident first reported:			
Report Compiled By:		Date & Time:	
Guide/Leader details including Position, Qualifications, Training & Experience:			
Tour Group Details i.e. name of School or tour:			

DESCRIPTION OF INCIDENT

Death	Fire	Pollution	Customer service
Search & Rescue	Buildings/services	Threat to life/property/environment	
Personal Injury	Air/road/marine accident	Visitor property damage	

SUMMARY OF INCIDENT: *(please include as much detail as possible, including timelines, decisions and decision makers including any details, instructions or information provided by parties not in or with the group that influenced decisions, communications)*

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Name and Contact Details of person(s) Injured persons:	
Witness Names & Contact Details	
Attach a copy of the company's emergency response plan and how it was implemented in this incident.	