



# 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)*



**LICENCED TOUR OPERATOR INCIDENT  
RESPONSE FORM**

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.	