



## Mountain Training Incident Report Form

### Reporting of Incidents

Mountain Training requires all its Providers to report [RIDDOR](#) incidents to Mountain Training within the time frame stated by HSE (Immediately in the case of death or major injury; or within fifteen days in the case of seven day injuries).

This process is confidential between the Provider and Mountain Training until both parties have agreed, if appropriate, that the information is shared more widely. This process only covers incidents on Mountain Training approved courses i.e. not on a Mountain Leader refresher etc.

Once complete please email to your Home Nation Executive Officer.

SECTION 1 - Essential details	Completed by Provider
Provider Name	
Provider Mountain Training Number	
Mountain Training Course	
Was it training or assessment?	
Course Director Name	
Course Director Mountain Training Number	
Names and MT IDs of other training/assessing staff involved	
Date & Time of Incident	
Location / Grid ref. of Incident	
Weather conditions at site of Incident	
Name of Casualty	
Their Mountain Training ID Number	
Their Date of Birth (If MT ID not known)	

SECTION 2 – Incident Description	Completed by Provider
What happened – full details of accident / incident; include a diagram if appropriate.	
What injury was diagnosed at the time?	
What treatment was given at the accident site?	
Was the casualty taken to a doctor or hospital?	
Final Diagnosis	



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<b>SECTION 3 – What can we learn from the incident?</b>		Completed by Provider	
Was Mountain Training Guidance (e.g. as contained in appropriate award handbook) being followed?			
Was the incident preventable?			
Are there any recommendations you could suggest to prevent a recurrence?			
Signature		Date	

<b>SECTION 4 – To be completed by Mountain Training Technical Officer</b>		Completed by Mountain Training Technical Officer	
Date / Time Incident reported to you			
Date this report received by you			
RIDDOR report No if reqd. (An X Ray is not RIDDOR reportable)			
Information on the report confirmed			
Include any additional information or details			
Proposals to prevent recurrence			
MT Officer Signature		Date	