**Reporting of Incidents**

Mountain Training requires all its Providers to report [**RIDDOR**](http://www.hse.gov.uk/riddor/what-must-i-report.htm#dangerous) 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.

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| **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)** |  |

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| **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  |  |
| **SECTION 3 – What can we learn from the incident?** | 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 |  |

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| **SECTION 4 – To be completed by Mountain Training Technical Officer**  | 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 |  |