

# Scene and Outcome Review Form



water safety  
Scotland

## Meeting details

Date: .....

Time: .....

Venue: .....

**Incident type:** Drowning  
Near Miss

Sign Off Lead Organisation: .....

Sign Off Name: .....

## Incident details

Date: ..... Time: .....

Address / Location: .....

Number of persons ..... Rescued ..... Recovered .....

Agencies that attended

SFRS	Police	HM Coastguard
SAS	RNLI	Other

## Brief incident overview

### Suspected outcome

#### Alert WSS to progress DIR

Accident  
Natural causes  
Unknown

#### No DIR

Suspected suicide  
Crime

#### Optional

Near miss

WSS informed by returning page 1 only to [DIR@watersafetyscotland.org.uk](mailto:DIR@watersafetyscotland.org.uk)

Local PAWS (or equivalent) Group Chair alerted of incident

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## SOR Outcomes

Actions suggested to prevent an immediate risk to life in the location

Summary

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Sign: .....

Date: .....