


Lifeguard Area: _____ Lifeguard Unit: _____ U.I.N. : (if applicable) _____
 Date: __/__/__ Time Reported To Lifeguard: __:__(24 hr)

PERSON DETAILS
 Full Name _____ Male
 Post Town _____ Post Code _____ Female
 Age Time Last Seen __/__/__ Place Last Seen _____

NARRATIVE OF INCIDENT	PERSON DESCRIPTION
	Hair Colour: _____ Height: _____ Clothing: _____ Other: _____

DETAILS OF PERSON REUNITED WITH
 Time missing person found __/__/__ (24 hr) Time reunited __/__/__ (24 hr)
 Location _____
 Name of person reunited with _____ Relationship _____
 Signature _____

Lifeguard Name _____ Lifeguard Signature _____ Volunteer

 **Data Protection Act 1998.** Your personal information will be held by the RNLI. It will be held in compliance with data protection legislation and will be used for the purpose of identifying lifeguard training needs and insurance liability. Where necessary it may be disclosed to Local Authorities and Lifesaving Organisations.

This form is to be returned to RNLI HEADQUARTERS