

APPENDIX F

ACCIDENT / INCIDENT REPORT FORM



Shearwater Sailing Club

Where did the accident or incident take place?

Date of incident/accident:

Time of incident/accident:

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

Please give details of how and precisely where the incident/accident took place.

Describe what activity was taking place, e.g. sailing, boat recovery, getting changed, etc.

Give full details of the action taken including any first aid treatment.

Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/carer: Yes No

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on)

Was a member of the sailing club committee informed YES / NO

If YES please give date and time and who was told.

All of the above facts are a true and accurate record of the incident/accident.

Data protection – Please seal this form in an envelope (provided) marked 'Confidential' and addressed to the club Commodore.

SIGNED:

DATE:

NAME: