16 **INCIDENT REPORT**

Whanganui Sailing Club
This form should be completed as soon as possible after the incident and passed to the Safety Officer.

ID#: Safety Officer to complete

1	Details of person reporting incident					
Name:						
Role at time of incident: Skipper / Crew / Safety Officer / Committee Member / Witness / Other (Please circle one)						
Preferred contact 1:						
Preferred contact 2:						
Address:						
2	Details of person(s) involved in the incident					
Name:		Name:		Name:		
Phone no:		Phone no:		Phone no:		
Address:		Address:		Address:		
3	Details of boat/craft					
Name of boat/craft/type:						
4	4 Time and location information					
Date of incident:						
Time of incident:						
Location of incident:						
5 Environmental conditions						
Visibility: Good / Fair / Poor						
Other factors: Sun strike / Fog / Rain / Hail or sleet / Dark / Change of light / Tide						
State of water: Calm (glassy) / Calm (rippled – o-o.25m waves) / Smooth (o.25-o.5m waves) / Slight (o.5-1m waves) / Moderate (1-2m waves) / Rough (2-4m waves) / Very						
rough (4-6m waves) Wind force (knots): None / Light (4-10) / Moderate (11-27) / Near gale (28-33) / Gale (34-39) /						
Strong gale (over 40)						
6 What happened? Tick, highlight or circle one or more						
petrol or other harmful substance spill		○ hit submerged object	O grounding			
		osteering gear failure	electrical power failure			
		○ entrapment	• explosion			
		Structural failure	O near miss / close quarters			
		equipment failure	○ contact			
		omooring line failure	O propulsion failure			
			other – explain here:			
			'			

7 Was another boat/craft involved?				
○ No ○ Yes Name (if known):				
8 Description of incident				
If you need to write more, attach a blank sheet with details of what hap	ppened			
9 Injury information for <name></name>	Injury information for <name></name>			
Body Part Injured (Indicate which side of the body, eg right or left)	Source: Follow Up Treatment:			
Type of Injury:	○ First aid ○ Hospital			
	○ Ambulance ○ Doctor (GP)			
	○ Hospital ○ Other			
	S			
Name (please print): Signature: Date: Safety Officer to complete 10 Safety Officer's review				
What were the causative factors of this incident?	How can this incident be prevented from happening again?			
New hazard identified: Yes No	Action summary:			
Significant hazard: Yes No				
Eliminated Isolated Minimised				
Changes to SMS made: Yes No				
Changes communicated: Yes No				
Has regulator been notified? Yes No				
Further investigation required? Yes No				
Report completed by: Name: Signature	: Date:			