Skye Sailing Club

Incident Report Form





Please complete this form to report any accident involving injury requiring outside assistance or any form of damage to property on or off the water.

Minor cuts and bruises requiring a simple plaster need only be noted in the diary kept in the top drawer of the changing area desk.

This form should be completed by the Senior Instructor or appointed Decision Maker with input from all those persons involved. All involved should sign to show they agree with the statement.

Once the form has been completed it should be immediately passed to the Training Centre Principal or the Club Commodore.

Full Name	
The full name of the person completing the form.	
Form Date & Time	
The date and time the form was completed.	
Incident Date & Time	
The date and time the incident happened.	
Incident Description Accurately write out the full details of the incident. Include what hap	pened and what assistance was provided.

If required continue the description on the back of the paper.

required continue the description on the back of the	paper.
Vho	
/ho was involved in the incident.	
Name	Role
nclude a list of people involved and their role in the in	cident, whether they were directly involved or witnessed part or all of the incident.
ailings	pment which led to the incident that should be immediately acted upon.
re there any obvious failing in club procedure or equi	oment which led to the incident that should be immediately acted upon.
required continue the description on the back of the	paper.
Signatures	
Ill persons involved should read the completed form a	nd then sign below to approve that the details of the incident have been recorded
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