



INCIDENT REPORTING FORM

Please use this form, as completely as possible, to report any safety related incident, collision or capsize. The incident may have resulted in injury or damage, or just been a near miss or hazardous situation; the aim is to learn from all incidents and work at reducing the risk and severity of loss. Use additional forms if necessary. Please ensure that the form is sent to the Safety Officer.

Reporter

Name	
Contact number	
Contact email address	
Club	
Official capacity (if any) or role	

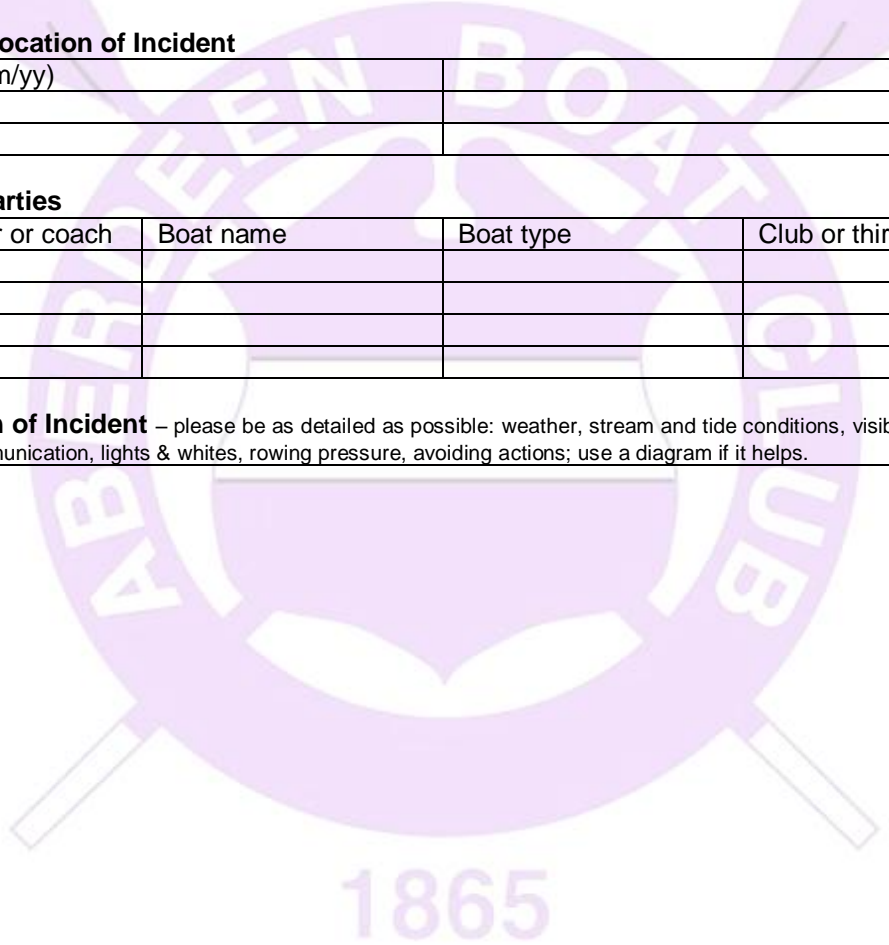
Time and Location of Incident

Date (dd/mm/yy)	
Time (24hr)	
Location	

Involved Parties

Cox, steerer or coach	Boat name	Boat type	Club or third party

Description of Incident – please be as detailed as possible: weather, stream and tide conditions, visibility, position on the river, communication, lights & whites, rowing pressure, avoiding actions; use a diagram if it helps.





Injuries – please list any injuries sustained, by whom, who treated them and where.

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Damage – please list any damage to boats or property.

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Is any damage to boats recorded in the log?

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Additional comments – please add any further comments or information you think could be useful e.g. witness addresses.

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Suggestions for action – please note any actions which you believe will help reduce the risk of a repeat of this incident.

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Signature

	Date:
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Safety Officer follow up – please note any actions taken as a result of this incident.

Action	Assigned to	Date completed