



Accident Reporting Form The Information Provided will be kept confidential

This form records details of the incident and those involved. It is factual and does not seek to allocate blame but to provide a narrative of the incident and to ascertain if measures need to be put in place to avoid any repetition.

Incident No (Yr/No)		Wind Strength	
Date		Wind Direction	
Time		Tidal Conditions	
Location of Incident			
Injured Person	Name	Male/Female	Age (approx)
Injuries Sustained			
Treatment			
Treatment by whom	Name	Capacity	
Summary Of incident			
Description of activities leading to event			
Could this Accident have been avoided	Yes / No		
How			
Do routines need to be changed	Yes / No		
If 'Yes', what routines will be implemented to minimise reoccurrence			
Name of investigating person		Date	Signature
Report Accepted by Senior instructor	Name	Date	

