

Regatta Incident Report

Name of person completing form	
Date	
Mobile number	
Your role at the regatta	

Particulars of Incident:	
Date:	Time: Location:
Type of Incident:	
<input type="checkbox"/> Incident (near miss) <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Environmental <input type="checkbox"/> Notifiable Event	
<input type="checkbox"/> On-water capsized skiff	
The Injured Person:	
Name:	Address:
Occupation:	
Age: Phone:	
Witness/s	
Name:	Phone:
The Incident: <i>Describe what happened (space overleaf for diagram)</i>	
Nature of Injury: <i>What part of the body is affected and how:</i>	
Property Damage: <i>What damage was caused and how:</i>	
Analysis: <i>What do you think caused or contributed to the incident?</i>	
Prevention: <i>What action has been taken to prevent a reoccurrence?</i>	
Have all preventative actions been reviewed by management and implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operations Manager Sign:	Volunteer Sign:
Treatment:	
Medical Centre/A&E/Hospital:	Doctor:
Type of treatment provided:	
Notification and Investigation (WORKSAFE PHONE: 0800 030 040 (24 hours))	
WorkSafe advised by:	Date/Time:
Investigation conducted by:	Date/Time:
Hazard/Risk Register updated by:	Date/Time:
Toolbox Meeting held for:	Date/Time: