

Cork Boat Club Accident/Incident Reporting Form

Name of person completing this form: *(e.g. Name / J14 Boys)*

Date:

Date and time of incident:

Names of persons involved in the incident: *(include clubs & coach names)*

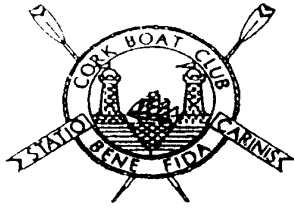
Description of incident:

Injuries:

[Were you injured; describe any injuries; did you require first-aid; doctor; ambulance etc.] .

In the case of a minor (under 18yrs) was the Parent/Guardian informed? Yes No

Witnesses: *(names and contact details; include club)*



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Has the injured person (if any) returned to training: Yes No

All of the above facts are a true record of the accident/incident.

Signed: _____

Date: _____

Name: _____

Safety Officer Signed: _____

Date: _____

Form to be completed by the persons involved and relevant coach, returned to the Captain or Safety Officer.

In the event of an accident occurring through insufficient training or faulty equipment, follow-up action to include completion of Risk Assessment Form.