

Lee on the Solent Sailing Club
Training Centre
INCIDENT REPORT FORM



This form is to be completed by **the supervising instructor** whenever any of the following occurs:

1. A trainee or any centre instructional staff are injured
2. When any centre craft is damaged or involved in a collision
3. When any centre craft are involved in any incident that could have resulted in an injury occurring (near miss).

This form should be completed and passed to the training centre principal as soon after an incident as possible.

DATE: **SUPERVISING INSTRUCTOR**

TRAINING SESSION

CENTRE CRAFT INVOLVED

OTHER CRAFT INVOLVED

SAIL NUMBER
SAIL NUMBER
TYPE OF CRAFT

TYPE OF INCIDENT

PERSONS INJURED	NO / YES	Number?	CRAFT DAMAGED OR SUNK? *	NO / DAMAGED / SUNK
WERE THE EMERGENCY SERVICES CALLED	No Coastguard Ambulance Police / Fire Service		Response?	

PERSONS INVOLVED

Name	Cadet / Adult / Staff / Other	Helm / Crew / Other	Injured *	Injury Sustained *
			NO / YES	
			NO / YES	
			NO / YES	
			NO / YES	

(*If Yes please give details overleaf)

CRAFT DAMAGE / LOSS

CRAFT	OWNERSHIP+	Type of Damage or Loss	Was damage due to incident or faulty equipment?

+ LOSSC / Member / Other Person

Revised 13 May 2008

Please describe the circumstances leading up to the incident, what happened and the immediate actions taken:

Please give details of any injuries sustained, including first aid or medical treatment given, and by whom.

Please give details of any damage to each craft involved. If the damage was due to faulty or worn equipment please give details (including if the fault or wear was identified before going afloat)

Signed

Date