WASABI PADDLING CLUB

Incident Report (as of 8/23/16)

To be completed by the crew Helm or the crew Coach, or their designee, in case of an accident, injury or medical incident where the crew's safety may have been at risk. PLEASE PRINT LEGIBLY, IN BLUE OR BLACK INK. **Put the completed form in the RED incident report folder on the wall**

REPORTING PARTY INFORMATION:

First & Last Name: _____
Telephone Number: _____
Email address: _____
Position (circle one): Helm Coach Other
Date report completed: _____
If the incident was reportable to authorities. Was it reported? _____ To Whom? _____

INCIDENT INFORMATION:

Date: _____
Time: _____
Approximate Location: _____
Check one: Dragon Boat _____ Outrigger Canoe _____
Water and weather conditions at the time of the incident _____
_____
Was anyone injured or in medical distress? _____
Treatment administered: _____
Was injury a result of normal paddling: _____

Did this incident involve a collision with: (please use backside of this report if more space is needed)
Another watercraft? _____If Yes, please describe:_____
_____
_____
An object in the river? _____If Yes, please describe: _____

If there was no collision was it a near miss? _____
If Yes, please describe _____
_____

Please provide any other pertinent information: _____
_____
_____
_____

WITNESSES / OTHERS INVOLVED IN INCIDENT:

Names:	Telephone numbers: (if available)	Email address: (if available)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTION TAKEN (to be completed by the Club's Safety Officer:

_____ Unsafe conditions to be addressed
_____ Instruction/training required
_____ Notification to all members needed
_____ No further action is needed