**Report Form - Accident / Incident / Near Miss**

| **Details of Person Involved in Accident/Incident/Near-miss** |
| --- |
| **Full Name:** |

| Contact Phone Number: | | |
| --- | --- | --- |
| Address:  Email Address: | | |
| Name (Parent if under 18) | Date | Signature |

| Injured/potentially injured person is a: Member Visitor Employee Contractor Volunteer |
| --- |

| **Description of Accident/Incident/Near Miss** | | | |
| --- | --- | --- | --- |
| Date of Event | Time | Location | Date Reported |
| What was the incident / What injury occurred / What is the hazard or fault being reported?  Please provide as much detail as possible - including diagrams if applicable  (please use back of page or attach more pages if needed) | | | |

| **Review / Further Action Required?** |
| --- |
| Take a photo of this form and send to [boiycsailingcommittee@gmail.com](mailto:boiycsailingcommittee@gmail.com) |

| **Person Completing Report** | | |
| --- | --- | --- |
| Name | Date | Signature |