



# Safety Beach Sailing Club Incident Report



Please submit this completed form within 24 hrs. of incident to the email addresses below

secretary@sbsc.net.au & riskmanagement@sbsc.net.au

Details of Person OR Asset affected by incident			
Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		Occupation:	
		Age:	
		Date of Incident:	
Member <input type="checkbox"/>	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>	Time of Incident:
Mobile:	Home Phone:	Work Phone:	

Details of Incident - Please add additional pages / photographs /video etc. if required			
Description of Circumstances:			
Exact Location of Incident:			
Details of any Personal Injury:			
Nature of Injury (if applicable)			
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn
<input type="checkbox"/> Abrasion/Graze	<input type="checkbox"/> Fracture	<input type="checkbox"/> Other (give details)	
Part(s) of Body Injured			
Medical Attention Provided			
<input type="checkbox"/> None	<input type="checkbox"/> First Aid	<input type="checkbox"/> Doctor	<input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital
Other (give details)			

**Medical Items used from the First Aid Kit :****Details of any Property Damage:**

(describe the damaged items, the damage caused and the approx. value of damage if known)

**If property damage relates to club boats:** *If boat(s) are to be taken out of service, and they are scheduled for use, Please place signage on the vessel .*

**Details of Witnesses**

Name of Witness:

Phone:

Name of Witness:

Phone:

**Details of person completing this form**

Name:

Phone:

Position:

Signature:

Date:

**Club Personnel on Duty to complete this section**

Details of any immediate action required / taken:

Name:

Date:

Signature:

**Club Personnel to complete this section only:****Action taken:****First Aid Kit replenished if necessary:****Follow up call results:****Date:****Insurer Notified:** (if so, details)**RM Committee Notified:** (if so, details)**Any follow up required?** (if so, details)**Club Personnel/Committee Member****Signature:****Date:****Final sign off:****Date:**