**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 |

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