

Hamilton Yacht Club
Accident and Incident Reporting Form

Please circle what you are reporting:

Accident/Injury	Near Miss	Equipment breakage or loss	New Hazard
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1. Particulars of accident/incident	2. The injured person – optional if no injury
Date of incident	Name
Time	Address
Location	Date of birth
Date reported	Phone number
Reported by	Length of time as member of HYC

3. Type of injury – circle where appropriate	4. The Accident or Incident														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Bruising</td> <td style="width: 50%;">Fracture</td> </tr> <tr> <td>Dislocation</td> <td>Amputation</td> </tr> <tr> <td>Strain/sprain</td> <td>Foreign Body</td> </tr> <tr> <td>Scratch/abrasion</td> <td>Laceration/cut</td> </tr> <tr> <td>Internal</td> <td>Burn/scald</td> </tr> <tr> <td>Chemical reaction</td> <td>Knock to the head</td> </tr> <tr> <td colspan="2">Other: (specify injured part of body)</td> </tr> </table>	Bruising	Fracture	Dislocation	Amputation	Strain/sprain	Foreign Body	Scratch/abrasion	Laceration/cut	Internal	Burn/scald	Chemical reaction	Knock to the head	Other: (specify injured part of body)		Describe what happened. Consider adding a drawing of what happened on the other side of this page.
Bruising	Fracture														
Dislocation	Amputation														
Strain/sprain	Foreign Body														
Scratch/abrasion	Laceration/cut														
Internal	Burn/scald														
Chemical reaction	Knock to the head														
Other: (specify injured part of body)															

5. Analysis	
What caused the accident?	How serious was the accident? Circle Minor Serious Very Serious
	How often is this likely to happen again? Never Rarely Occasionally Often

6. Treatment and investigation of accident	
Type of treatment given:	
Name of person giving first aid:	
Doctor/Hospital:	
Accident Investigated by:	
Commodore notified?	Date: / /
Yachting NZ, Maritime NZ or Worksafe notified?	Date: / /

7. Prevention

What action has or will be taken to stop another accident/incident like this happening again?

Tick items already actioned.

Write below if you need more space

Action	Tick	By Whom?	When?

Use this space if more space is needed.