SMS F1 INCIDENT REPORT

New Plymouth Yacht Club

This form should be completed as soon as possible after the incident and passed to the Safety Officer.

ID#: Safety Officer to complete

1	Details of person reporting incident

Name:

Role at time of incident: Skipper / Crew / Safety Officer / Committee Member / Witness / Other (*Please circle one*)

Preferred contact 1:

Preferred contact 2:

Address:

2	Details of person(s) involved in the incident

Name:	Name:	Name:
Phone no:	Phone no:	Phone no:
Address:	Address:	Address:

3	Details of boat/craft

Name of boat/craft/type:

4	Time and location information

Date of incident:

Time of incident:

Location of incident:

5	Environmental conditions	

Visibility: Good / Fair / Poor

Other factors: Sun strike / Fog / Rain / Hail or sleet / Dark / Change of light / Tide

State of water: Calm (glassy) / Calm (rippled – 0-0.25m waves) / Smooth (0.25-0.5m waves) / Slight (0.5-1m waves) / Moderate (1-2m waves) / Rough (2-4m waves) / Very rough (4-6m waves)

Wind force (knots): None / Light (4-10) / Moderate (11-27) / Near gale (28-33) / Gale (34-39) / Strong gale (over 40)

6	What happened? *Tick, highlight or circle one or more*	
○ petrol or other harmful substance spill ○ flip / overturn ○ person overboard ○ collision ○ flooded ○ propeller entangled	○ hit submerged object ○ steering gear failure ○ entrapment ○ structural failure ○ equipment failure ○ mooring line failure	○ grounding ○ electrical power failure ○ explosion ○ near miss / close quarters ○ contact ○ propulsion failure ○ other – explain here:

7	Was another boat/craft involved?
○ No ○ Yes Name (if known):	

8	Description of incident
If you need to write more, attach a blank sheet with details of what happened	

9	Injury information for <name>		
Body Part Injured (Indicate which side of the body, eg right or left) **Type of Injury:**	**Source:** ○ First aid ○ Hospital ○ Ambulance ○ Doctor (GP) ○ Hospital ○ Other	**Follow Up Treatment:**	

Declaration: The above report provides a true and accurate account of the incident.

Name (please print):

Signature:

Date:

Safety Officer to complete

10	Safety Officer's review	
What were the causative factors of this incident?	How can this incident be prevented from happening again?	

New hazard identified: Yes No Significant hazard: Yes No Eliminated Isolated Minimised Changes to SMS made: Yes No Changes communicated: Yes No Has regulator been notified? Yes No Further investigation required? Yes No	**Action summary:**
Report completed by: Name: Signature: Date:	