## The Water Rat Sailing Club INCIDENT REPORT FORM

This form is to be completed by the person who dealt with the situation whenever there is an incident which could include accidents with or without injury as well as facility or behaviour related incidents. When completing this form be only include an actual factual description of the incident without assumptions or conclusions as to cause or responsibilities. Attach extra sheets if needed. Forms should be completed within 24 hours and submitted to the Commodore or a Board member. Remember these are considered confidential and should be kept secure.

Person Involved Name:	Program:	
Parent Name if minor:		
Address:	Age:	
Phone:	E-Mail:	
If second person involved in same inci-	dent (i.e. conflict)	
Name:	Program:	
Parent Name if minor:		
Address:	Age:	
Phone:	E-Mail:	
Day and Date of incident:	Time:	am/pm
Type of incident:	Program occurring at time of incident:	:
Where did incident occur?		
of the weather, visibility, and any othe these will aid in the description.	ly the facts that you are sure of at the time. Incluer external factors. Attach drawings, diagrams an	d photographs if

What was done to assist or respond to incid	lent and by whom?
If medically related, was person advised to	seek medical attention:
Was 911 called? YES NO Police - Badge Number:	) Name:
Ambulance - Badge Number:	Name:
Fire Unit Number:	Name:
Other Information from EMS Agencies:	
	ude address, use separate paper if needed for additional).
	E-Mail:
Name:	
Phone:	E-Mail:
Person Completing Report: (print)	
Signature:	Date:
Please ensure reports are completed within or any Board member	Date: Date: 1 24 hours of incident and get forwarded to the Commodore

## The Water Rat Sailing Club INCIDENT REPORT FOLLOW UP FORM

This form is to be completed by the person who followed up with the individual. Attach extra sheets if needed.

This should be kept with the original incident report form in a secure location.

Person Involved Name:	Program:
Parent Name if minor:	
Phone:	_ E-Mail:
Date of Original Incident:	
Date of Follow up: Type of Connection (phone, email, in person):	
Name of Person involved in follow up:	
Describe how the person is following the incident cincident:	or any information from the individual about the
Is any further follow up with the individual needed	1? If yes describe what:
Person Completing Report: (print)	
Signature:	Dato: