Sandringham Yacht Club Incident Report

Report must be countersigned by both your immediate report (if on Duty) and the <u>Manager on Duty</u> and placed in the blue tray marked "SYC Incident Forms" inside CEO Richard Hewett's office.

Details of Person OR Club Asset affected by incident						
Name:			Male 🛛	Female 🗖		
Address:			Occupation:			
			Age:			
			Date of Incide	ent:		
Employee 🖵	Member 🖵	Visitor 🗖	Time of Incident:			
Mobile:	Home Phone:		Work Phone:			

Details of Incident					
Description of Circum	stances:				
F and the set is a set in s					
Exact Location of Incic	lent:				
Details of any Persona					
Details of any Persona	n nijury.				
			_		
Nature of Injury (if appli			🗖 Brui		
 Sprain/Strain Abrasion/Graze 	Cut/Lacera			er (give details)	🖵 Burn
Part(s) of Body Injured				er (give details)	
Medical Attention Provi		1			
	First Aid	Doctor		Ambulance	Hospital
Other (give details)					
Medical Items used from	n 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	valates to club boats r	equest the Manager o	on Duty conv in the following person(s) $-$ scap a		
If property damage relates to <u>club boats</u> , request the Manager on Duty copy in the following person(s) – scan a					
copy and email it to the CEO and the distribution list below. If boat(s) are to be taken out of service, and they					
are scheduled for next day use, you're required to place signage on the vessel and put the boat keys in the safe.					
Paul Corfield	Russell Tyson	James Sly	Helen Tetlow		
	•				

Details of Witnesses					
Name of Witness:	Phone:				
Name of Witness:		Phone:			
Details of Staff member completing	this form	Department Head or Area Manager (if on Duty)			
Name:		Name:			
	Date:	Date:		Date:	
Manager on Duty to complete this s					
Details of any immediate action requ	iired / taken:				
Name:					
Date: Office Use Only (for completion by I		Signature:			
First Aid Kit replenished if necessary	<i>.</i>				
			Date:		
Follow up call results:	Date.				
Insurer Notified: (if so, details)			L		
OH&S Committee Notified: (if so, deta					
Any follow up required? (if so, details)					
Department Head / Area Manager:	Signature:		Date:		
CEO Final sign off:			Date:		