

# Sandringham Yacht Club Incident Report

Report must be countersigned by Duty Manager and placed in blue tray marked "SYC Incident Forms" inside CEO Richard Hewett's office.

Details of Person affected by incident			
Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		Occupation:	
		Age:	
		Date of Incident:	
Employee <input type="checkbox"/>	Member <input type="checkbox"/>	Visitor <input type="checkbox"/>	Time of Incident:
Mobile:	Home Phone:	Work Phone:	

Details of Incident			
Description of Circumstances:			
Exact Location of Incident:			
Details of any Personal Injury:			
Nature of Injury (if applicable)			
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn
<input type="checkbox"/> Abrasion/Graze	<input type="checkbox"/> Fracture	<input type="checkbox"/> Other (give details)	
Part(s) of Body Injured			
Medical Attention Provided			
<input type="checkbox"/> None	<input type="checkbox"/> First Aid	<input type="checkbox"/> Doctor	<input type="checkbox"/> Ambulance
<input type="checkbox"/> Other (give details)			
Medical Items used from the First Aid Kit			
Details of any Property Damage: (describe the damaged items, the damage caused and the approx. value of damage if known)			

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**If property damage relates to club boats, request the Duty Manager 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.**

<input type="checkbox"/> Paul Corfield	<input type="checkbox"/> Russell Tyson	<input type="checkbox"/> James Sly	<input type="checkbox"/> Helen Tetlow	<input type="checkbox"/> Michah Shuwalow
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**Details of Witnesses**

Name of Witness:	Phone:
Name of Witness:	Phone:

**Details of Staff member completing this form**

Name:	Phone:	
Position:	Signature:	Date:

**Duty Manager to complete this section**

Details of any immediate action required / taken:

  
  
  
  
  
  
  
  
  
  

Name:	Signature:
Date:	

**Office Use Only (for completion by Management)**

Action taken:

  
  
  
  
  
  
  
  
  
  

First Aid Kit replenished if necessary:

Follow up call results:	Date:
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Insurer Notified: (if so, details)

  
  
  
  

OH&S Committee Notified: (if so, details)

  
  
  
  

Any follow up required? (if so, details)

  
  
  
  
  
  
  
  
  
  

Department Head / Area Manager:	Signature:	Date:
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CEO Final sign off:	Date:
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