

Office Use Only		Initials	Date of action
Date form received:			
Telephone notification YES/NO. To Whom:			
Registration Number:			
Report number confirmed to staff:			
Referred to for action - Name:			
Date closed:	Date file returned and filed:		

Related reports and files

Reference	Type	Author	Dates	Comments

CORRECTIVE ACTION TAKEN TO PREVENT RECURRENCE:

(Manager to indicate what action has been taken to prevent recurrence)

Club Manager notified reporter of outcome?	Date of notification:	Name of Manager:	Signature of Manager:

Instructions for Completion of an Incident/Hazard Report

Write legibly. Please **classify** your report as either an incident or hazard by placing a tick in the appropriate box. The **type of incident/hazard** may be nominated by placing a tick in one or more of the boxes. In describing the event, please provide an impartial, factual, brief summary of the occurrence. If more space is required an additional page may be added.

Incident reports will be sent to Claremont Yacht Club insurers where there is any possibility that a claim may arise. Where a significant event occurs, those involved may be required to provide separate and additional statements to our insurers or solicitors. Refer to the current Hazard & Incident Reports Procedures for more information.

All reports will be treated confidentially, and will be reviewed at the next General Committee meeting following submission of the report.

To submit a report:

Forward the completed report to the Office within 24 hours of an incident occurring.