

# SMS F1 INCIDENT REPORT

## Queen Charlotte 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**

<b>1</b>	<b>Details of person reporting incident</b>	
Name: Role at time of incident: Skipper / Crew / Safety Officer / Committee Member / Witness / Other (Please circle one) Preferred contact 1: Preferred contact 2: Address:		
<b>2</b>	<b>Details of person(s) involved in the incident</b>	
Name: Phone no: Address:	Name: Phone no: Address:	Name: Phone no: Address:
<b>3</b>	<b>Details of boat/craft</b>	
Name of boat/craft: Type of boat/craft: Overall length (m):		
<b>4</b>	<b>Time and location information</b>	
Date of incident: Time of incident: Location of incident:		
<b>5</b>	<b>Environmental conditions</b>	
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
- contact
- propulsion failure
- electrical power failure
- grounding

- hit submerged object
- steering gear failure
- entrapment
- structural failure
- equipment failure
- mooring line failure
- explosion
- near miss / close quarters
- other – explain here:

**7** Was another boat/craft involved?

- No
- Yes

Name (if known):

Type and distinguishing features:

**8** Description of incident

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

Complete a separate Part 9 for each injured person

<b>9a</b> Injury information for <name>		
<b>Body Part Injured</b> (Indicate which side of the body, eg right or left)  <b>Type of Injury:</b>	<b>Source:</b> <ul style="list-style-type: none"><li><input type="radio"/> First aid</li><li><input type="radio"/> Ambulance</li><li><input type="radio"/> Doctor (GP)</li><li><input type="radio"/> Hospital</li><li><input type="radio"/> Other</li></ul>	<b>Follow Up Treatment:</b>

<b>9b</b> Injury information for <name>		
<b>Body Part Injured</b> (Indicate which side of the body, eg right or left)  <b>Type of Injury:</b>	<b>Source:</b> <ul style="list-style-type: none"><li><input type="radio"/> First aid</li><li><input type="radio"/> Ambulance</li><li><input type="radio"/> Doctor (GP)</li><li><input type="radio"/> Hospital</li><li><input type="radio"/> Other</li></ul>	<b>Follow Up Treatment:</b>

<b>9c</b> Injury information for <name>		
<b>Body Part Injured</b> (Indicate which side of the body, eg right or left)  <b>Type of Injury:</b>	<b>Source:</b> <ul style="list-style-type: none"><li><input type="radio"/> First aid</li><li><input type="radio"/> Ambulance</li><li><input type="radio"/> Doctor (GP)</li><li><input type="radio"/> Hospital</li><li><input type="radio"/> Other</li></ul>	<b>Follow Up Treatment:</b>

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

Name (please print):

Signature:

Date:

**Safety Officer to complete**

<b>10</b>	<b>Safety Officer's review</b>		
<b>What were the causative factors of this incident?</b>		<b>How can this incident be prevented from happening again?</b>	
<b>Additional details or diagrams:</b>			
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		<b>Action summary:</b>	
<b>Report completed by:</b>			
Name:			
Signature:			
Date:			

Version History					
Title ID	Version	Status	Date	Author	Approved
SMS F1	Original	Current	11-16	QCYC	11-16

