

# 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 / Member / 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)		

<b>6</b>	<b>What happened?</b> <i>Tick, highlight or circle one or more</i>	
<ul style="list-style-type: none"> <li><input type="radio"/> petrol or other harmful substance spill</li> <li><input type="radio"/> flip / overturn</li> <li><input type="radio"/> person overboard</li> <li><input type="radio"/> collision</li> <li><input type="radio"/> flooded</li> <li><input type="radio"/> propeller entangled</li> <li><input type="radio"/> contact</li> <li><input type="radio"/> propulsion failure</li> <li><input type="radio"/> electrical power failure</li> <li><input type="radio"/> grounding</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> hit submerged object</li> <li><input type="radio"/> steering gear failure</li> <li><input type="radio"/> entrapment</li> <li><input type="radio"/> structural failure</li> <li><input type="radio"/> equipment failure</li> <li><input type="radio"/> mooring line failure</li> <li><input type="radio"/> explosion</li> <li><input type="radio"/> near miss / close quarters</li> <li><input type="radio"/> other – explain here:</li> </ul>	

<b>7</b>	<b>Was another boat/craft involved?</b>	
<ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes</li> </ul> <p>Name (if known):</p> <p>Type and distinguishing features:</p>		

<b>8</b>	<b>Description of incident</b>	
<p>If you need to write more, attach a blank sheet with details of what happened</p>		

Complete a separate Part 9 for each injured person

<b>9a</b>	<b>Injury information for &lt;name&gt;</b>	
<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>	<b>Injury information for &lt;name&gt;</b>	
<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>	<b>Injury information for &lt;name&gt;</b>	
<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