

INCIDENT REPORT FORM

(To be completed for all incidents and injuries)

INJURED PERSON:

Full Name: _____ Age: _____ Gender: M F

Company Name: _____ Phone: _____

Address: _____

DETAILS OF INCIDENT:

Describe the activity in which the person was engaged at the time of incident.

Date incident occurred: _____ Time: _____ Charter: _____

SRS Personnel: _____ Boat: _____ Location: _____

Witness: _____ Phone: _____ Signature: _____

Describe how the incident occurred, the nature of the injury and the treatment administered/action taken.

Details of any referral or further treatment etc.

SRS REPRESENTATIVE

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

PERSON REPORTING INCIDENT

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____