

Near Miss/Incident/Accident/Hazard Form

This form should be completed as soon as possible after the incident and passed to the Commodore or Vice Commodore

Incident / Accident / Hazard identification / Near miss (circle one)

1	Details of person:					
Name: Role at time of incident: Sailor / Coach / Instructor / Witness / Other (Operations Manager, based in office) (Please circle one) Preferred contact 1: Preferred contact 2: Address:						
2	Details of person(s) involved					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> Name: Phone no: Address: </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> Name: Phone no: Address: </td> <td style="width: 33%; padding: 5px;"> Name: Phone no: Address: </td> </tr> </table>				Name: Phone no: Address:	Name: Phone no: Address:	Name: Phone no: Address:
Name: Phone no: Address:	Name: Phone no: Address:	Name: Phone no: Address:				
3	Details of boat/craft					
Name of boat/craft/type:						
4	Time and location information					
Date of incident: Time of incident: Location of incident:						
5	Environmental conditions					
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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> ☐ petrol or other harmful substance spill ☐ flip / overturn ☐ person overboard ☐ collision ☐ flooded ☐ propeller entangled </td> <td style="width: 33%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> ☐ hit submerged object ☐ steering gear failure ☐ entrapment ☐ structural failure ☐ equipment failure ☐ mooring line failure </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> ☐ grounding ☐ electrical power failure ☐ explosion ☐ near miss / close quarters ☐ contact ☐ propulsion failure ☐ other - explain here: </td> </tr> </table>			☐ petrol or other harmful substance spill ☐ flip / overturn ☐ person overboard ☐ collision ☐ flooded ☐ propeller entangled	☐ hit submerged object ☐ steering gear failure ☐ entrapment ☐ structural failure ☐ equipment failure ☐ mooring line failure	☐ grounding ☐ electrical power failure ☐ explosion ☐ near miss / close quarters ☐ contact ☐ propulsion failure ☐ other - explain here:	
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7	Was another boat/craft involved?				
☐ No ☐ Yes Name (if known): 					
8	Description of incident				
If you need to write more, attach a blank sheet with details of what happened					
9	Injury information				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Body Part Injured (Indicate which side of the body, eg right or left) Type of Injury: </td> <td style="width: 30%; vertical-align: top;"> Source: ☐ First aid ☐ Hospital ☐ Ambulance ☐ Doctor (GP) ☐ Hospital ☐ Other </td> <td style="width: 30%; vertical-align: top;"> Follow Up Treatment: </td> </tr> </table>			Body Part Injured (Indicate which side of the body, eg right or left) Type of Injury: 	Source: ☐ First aid ☐ Hospital ☐ Ambulance ☐ Doctor (GP) ☐ Hospital ☐ Other	Follow Up Treatment:
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Declaration: The above report provides a true and accurate account of the incident. Name (please print): Signature: Date: 					

Vice Commodore or Commodore to complete

10	Club Review							
What were the causative factors of this incident? 		How can this incident be prevented from happening again? 						
Has the person/people involved in the incident been followed up by the appropriate YNZ representative? Yes No		Comments from follow up/further actions to be taken: 						
New hazard identified: Yes No Significant hazard: Yes No Eliminated Isolated Minimised Changes to Hazard Register and SOP made: Yes No Changes communicated: Yes No Has regulator been notified? Yes No Further investigation required? Yes No		Action summary: 						
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