

FREDERICTON ROWING CLUB

INCIDENT REPORT FORM (VERSION 1 – June 16, 2016)

This Form is to be completed in the event of any on-water or off-water incident where:

- any persons; rower, coach, staff, volunteer or member of the public are injured, or *could have been*
- if damage to FRC property (including boats) was done, or *could have been done*.

Thank you for taking the responsibility to complete this Incident Report. By reporting this incident you are helping to prevent future incidents (yours and others) and you are letting the Club know of equipment that has been damaged and needs attention. **The purpose of completing this Form is not to find fault.**

Upon completion, the Form is to be forwarded to the Boathouse Manager or Coach.

Date: _____		Time of Day: _____	
Location of Incident : _____			
Particulars of Boat No. 1		Particulars of Boat No. 2	
Person In Charge of Boat		Person In Charge of Boat	
Name: _____		Name: _____	
Contact number: _____		Contact number: _____	
Boat Name: _____		Boat Name: _____	
Boat Type:		Boat Type:	
<input type="checkbox"/> rowing boat: type		<input type="checkbox"/> rowing boat: type	
<input type="checkbox"/> open motor boat		<input type="checkbox"/> open motor boat	
<input type="checkbox"/> cabin motor boat		<input type="checkbox"/> cabin motor boat	
<input type="checkbox"/> auxiliary sail		<input type="checkbox"/> auxiliary sail	
<input type="checkbox"/> inflatable craft		<input type="checkbox"/> inflatable craft	
<input type="checkbox"/> canoe/kayak		<input type="checkbox"/> canoe/kayak	
<input type="checkbox"/> chartered boat		<input type="checkbox"/> chartered boat	
<input type="checkbox"/> other (specify) _____		<input type="checkbox"/> other (specify) _____	
WEATHER AND WATER CONDITIONS			
Weather Conditions:		Water Conditions:	
<input type="checkbox"/> clear		<input type="checkbox"/> calm	
<input type="checkbox"/> rain		<input type="checkbox"/> choppy	
<input type="checkbox"/> cloudy		<input type="checkbox"/> rough	
<input type="checkbox"/> flood		<input type="checkbox"/> very rough	
<input type="checkbox"/> hazy		<input type="checkbox"/> strong current	
<input type="checkbox"/> fog			
INCIDENT PARTICULARS			
Which Direction		Damage	
<input type="checkbox"/> Upstream		<input type="checkbox"/> None	
<input type="checkbox"/> Downstream		<input type="checkbox"/> Bow	
<input type="checkbox"/> Crossing		<input type="checkbox"/> Stern	
<input type="checkbox"/> Racing		<input type="checkbox"/> Seats / Slides	
		<input type="checkbox"/> Shoes / Stretchers	
		<input type="checkbox"/> Skeg	
		<input type="checkbox"/> Rigger	
		<input type="checkbox"/> Oars	

NATURE OF INCIDENT

Type of Incident:

- No damage / injuries
- Collision between rowing Boats
- Collision between rowing Boat and fixed structure (i.e. bank / dock, etc)
- Collision between rowing Boat and powered Boat
- Rowing Boat not obeying rules of river
- Powered boat not obeying rules of river
- Obstruction present in rowing course
- Other _____

What, in your opinion, caused the incident (may mark more than one)

- | | |
|---|---|
| <input type="checkbox"/> Lack of judgment | <input type="checkbox"/> Fault of equipment |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Overloading |
| <input type="checkbox"/> Inexperience | <input type="checkbox"/> Improper loading |
| <input type="checkbox"/> Weather conditions | <input type="checkbox"/> Fault of hull |
| <input type="checkbox"/> Fault of machinery | <input type="checkbox"/> Excessive speed |
| <input type="checkbox"/> No proper lookout | <input type="checkbox"/> Excess alcohol |
| <input type="checkbox"/> Hazardous waters | <input type="checkbox"/> Other (specify) |
- _____

**DESCRIPTION OF INJURIES
(if applicable)**

INCIDENT DESCRIPTION:

Please describe in accurate detail and legible print what happened. Include the sequence of events, failure of equipment, etc., to help describe the incident. Diagrams may be used. **Please attach additional sheets as needed.**

WITNESSES

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

PERSON REPORTING INCIDENT

Name:	Address:	Telephone:
Signature:	Date:	

FRC CORRECTIVE ACTIONS