To be completed within 24 Hours of any Incident

Cowes Yacht Club Inc.

Hazard/Incident Report Form

Notification

Name of Person makir	ng the report		
Contact Phone numbe	r		
Date of Report		Time of Report	
Incident Details			
Incident Type			
People Involved			
		I	
Date of Event	T	ime of Event	
Member to whom	T	ime Reported	
incident was			
reported			
Which Committee			
person informed?			
Witness			
Witness			
	• • •		

Description of Incident

Injury/Damage Details

Contributing Factors

Corrective Action

Action	By Whom	Date	Completed

Sign Off

Date

Lodge at <u>admin@cowesyachtclub.com</u> or phone 03 59522330 and report the incident to a Committee member.