

Trentham Boat Club

Rowing Incident Report

TBC Incident Number

Reporting:

Name of person

E-mail address

Primary rowing club involved – *if your rowing club was involved then it would be the primary club*

Other club involved

Non –British rowing club involved

Your role at club

Date of Incident

Time of Incident

Simple Capsize? Y/N

Number of people who fell in

Incident details including any **names** of those involved and **contributory factors**- *i.e. unable to see due to low sun.*

SIGNATURE:

DATE:

IF SIMPLE CAPSIZE THERE IS NO NEED TO PROCEED WITH FORM.

PLEASE LEAVE THIS FORM IN FOLDER IN BOATHOUSE CUPBOARD AND EMAIL: sue.satchi@doctors.org.uk

V 02.1/12-Mar-19

Trentham Boat Club

Location of Incident – *postal address and location on water*

Boat/s Involved

Boat 1

General boat type – *stable, fine, launch*

Boat type – *ie 1x,2x,4x,4+,4-,8x,8+*

Boat ID

Number of persons involved;

Junior experienced Beginner

Senior experienced Beginner Experience of cox

Boat 2

General boat type – *stable, fine, launch*

Boat type – *ie 1x,2x,4x,4+,4-,8x,8+*

Boat ID

Number of;

Junior experienced Beginner

Senior experienced Beginner Experience of cox

Type of water

Inland Coastal

Did the incident occur on tidal water?

Yes No

Weather conditions
Light/visibility/wind
Water conditions

Has the incident been reported the/your club

Yes No

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Incident Type

Health issue only
(CONSIDER ACCIDENT FORM IF FIRST AID NEEDED)

Incident resulting in an injury or health issue
(other than superficial e.g. non infected blister)

No injury or health issue

Details of person suffering injury/illness

Name

Address

Contact number

Details of injury/illness

Details of treatment – *Where relevant name of first aider*

Actions – *details of any measures taken to prevent re-occurrence*

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Sketch identifying – *position of boats/obstructions/direction of travel/flow*

A large, empty rectangular box with a black border, intended for a sketch identifying the position of boats, obstructions, direction of travel, or flow.

Witness statements

Any witness statements should be attached to this form

SIGNATURE:

DATE: