

Report of Injury Form



Instructions: Use this form to report all injuries, illnesses, or near miss events (which could have caused injury or illness) no matter how minor. This helps to identify and correct hazards before they cause serious injuries. This form should be completed as soon as possible .

I am reporting	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>	Near Miss <input type="checkbox"/>
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Your Name:
Contact e-mail:

Helm of boat at the time of incident:	Name of Boat:
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Date of Incident:	Time:
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Where exactly did it happen:

Describe step by step what happened:

What parts of your body were injured ? If a near miss, how could you have been injured?

What could have been done to prevent this injury / illness / near miss?

Did you see a doctor?	
Time :	Date:
Doctors name:	Phone number:

Booked via Calendar <input type="checkbox"/>	Whistle on board <input type="checkbox"/>	Phone on board <input type="checkbox"/>
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