

Incident Report Form

SCOPE: To ensure a safe community boating facility, all occurrences of injury major or minor, collision, flipping, etc must be reported using this form. See details below. Thank you.

PROCEDURES:

1. This Incident Report Form (IRF) is to report:
 - a. Any person overboard
 - b. Swamping or flipping, including singles
 - c. Any personal injury, no matter how small or insignificant.
 - d. A collision
2. The person responsible for filing this IRF is:
 - a. The coach or Crew Leader in charge at the time of the incident.
 - b. The person involved in the incident if no Coach or Crew Leader was required.
 - c. Any person who observes a breach of the TRRA Rules and Regulations.
3. IRF's must be filed with TRRA's Safety Committee via TRRA's Executive Director within 24 hours of the incident.
 - a. Failure to submit within 24 hours may result in immediate suspension of membership or privileges at TRRA.
4. IRF's may be filed anonymously.

DIRECTIONS:

1. Complete this IRF in its entirety with as much detailed information as possible within 24 hours of the occurrence of the incident.
2. Hand deliver to any full time TRRA staff or place in the box of the Executive Director.

1. Were there any injuries? YES NO

2. Was any equipment damaged? YES NO
if yes, fill out separate Damage Report Form

3. Check the appropriate box. If incident is not listed, write-in.

- Collision
- Swamping or Flipping
- Personal Injury
- Violating TRRA rules and regulations
- Witness to unsafe or illegal conduct
- Other: _____

4. Describe the incident in detail. Use the back of this form if more room is necessary.
Include diagram.

5. Information surrounding the incident:

Date and time: _____

Location: _____

Number of persons involved: _____

Number requiring treatment: _____

6. Conditions at time of incident (links to historical data:):

Flow ([Link](#)): _____

Water temperature ([Link](#)): _____

Air temperature ([Link](#)): _____

Wind speed and direction ([Link](#)): _____

General description of conditions:

7. Your Information

Name: _____

Phone: _____

Email: _____

Signature: _____