



South of Perth Yacht Club Hazard/Incident Report

TO BE COMPLETED WITHIN 24 HOURS OF ANY INCIDENT

Notification

Name of Person making report			
Contact Number			
Date of Report		Time of Report	

Incident Details

Incident Type			
People Involved			
Date of Event		Time of Event	
Responsible Officer			
Witness			
Witness			

Description of Incident

Injury/Damage

Contributing Factor

Corrective Action

Action	By Whom	Date	Completed

Sign Off

Race Committee	Date
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