

Incident/Accident Register

Name of Person Reporting Accident:	Role of Person Reporting Accident:
Name of Injured Person:	Residential Address (of injured person):
Sex:	Time and date of accident:
<input type="checkbox"/> M <input type="checkbox"/> F	
Treatment of Injury:	The injured person is a:
<input type="checkbox"/> None <input type="checkbox"/> First Aid (First Aid Supplier onsite) <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Other _____	<input type="checkbox"/> Paddler <input type="checkbox"/> Spectator <input type="checkbox"/> Marshall <input type="checkbox"/> Other _____
What <u>caused</u> the accident?	Describe the injury: (include where on the body)
Where and how did the accident happen?	Can something be done so this doesn't happen again?
	<input type="checkbox"/> Yes <input type="checkbox"/> No What:
Signed: _____ (person reporting accident) Date: _____	

Please pass this form immediately on to a BOP Dragon Club committee member

Time and Date Received?	Risk Minimised?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not possible/applicable How:

Signed: _____ (Club President)