



# Royal Akarana Yacht Club

## DAMAGE & INCIDENT REPORT

DATE / TIME	
EVENT (if applicable)	
DEPARTMENT	<input type="checkbox"/> Academy <input type="checkbox"/> Off-the-Beach Racing <input type="checkbox"/> Keelboat Racing <input type="checkbox"/> Café <input type="checkbox"/> Functions <input type="checkbox"/> General
<b>PERSONAL INJURY</b>	
INJURED NAME	
DATE OF BIRTH	
SEX	
CONTACT #	
POSITION	STAFF    VOLUNTEER    COMPETITOR    STUDENT    GUEST
ROLE	
PERIOD OF INVOLVEMENT Employee / Volunteer	
DETAILS OF INJURY	
ACTION TAKEN	
TREATMENT	NIL / DOCTOR (not hospitalised / FIRST AID / HOSPITALISED)

<b>RIB / PATROL BOAT DAMAGE</b>	
BOAT NAME	
DRIVER	
DAMAGE	
<b>YACHT DAMAGE</b>	
BOAT #	
SKIPPER	
COACH	
DAMAGE	
<b>FORM SUBMITTED BY</b>	
NAME	
POSITION	
DATE	
SIGNATURE	

<b>OFFICE USE</b>	
RECEIVED BY	
DATE	
PREVENTITIVE ACTIONS	