INTERNATIONAL YACHT TRAINING WORLDWIDE

INCIDENT REPORT FORM

All accidents and injuries however small must be reported to International Yacht Training Worldwide, IYT WW, as soon as possible but within 48 hours.

- Initially help/advice may be obtained by telephoning 778-477-5668.
- The incident report form must be completed and sent to:

International Yacht Training, Worldwide
Suite 482, 9-3151 Lakeshore Road
Kelowna
British Columbia V1W 3S9
Canada

- One form must be completed for each incident
- Please completed all necessary sections A - E
- Completing and signing any forms does not constitute any admission of liability of any kind either by the person making the report or any other person.

Please print clearly using blue or black ink. **Please tick boxes**

Date of Incident **Time of Incident**

Establishment Name

Address

Telephone **Mobile Tel**

Fax **Email Address**

Accident Description

Location of occurrence:

Training Centre	☐	**Injury YES / NO**
Vessel	☐	**Injury YES / NO**
Public Area	☐	**Injury YES / NO**

SECTION (A) **Please complete one for each casualty** **MEDICAL INFORMATION**	
Casualty Name	
Sex/Gender	**Date of Birth**
Nationality	**Age**
Date of Injury/Illness	**Time of Injury/Illness**
Symptoms	
Was the injured person conscious? **YES / NO**	**Was the injured person coherent?** **YES / NO**
Was the injured person bleeding? **YES / NO**	**Was the injured person vomiting?** **YES / NO**
Medical treatment rendered	
Patients Medical History (if known)	
Report Completed by: **Name**	**Report Completed on:** **Date**

SECTION (B) **Please complete one for each casualty** **MEDICAL INFORMATION**	
Casualty Name	
Sex/Gender	**Date of Birth**
Nationality	**Age**
Date of Injury/Illness	**Time of Injury/Illness**
Symptoms	
Was the injured person conscious? **YES / NO**	**Was the injured person coherent?** **YES / NO**
Was the injured person bleeding? **YES / NO**	**Was the injured person vomiting?** **YES / NO**
Medical treatment rendered	
Patients Medical History (if known)	
Report Completed by: **Name**	**Report Completed on:** **Date**

SECTION (C) **Please complete if incident was not onboard a vessel** **INCIDENT INFORMATION**	
Location of Incident	
Description of Location **(ie main office located at entrance to school)**	
Date of Incident	
Time of Incident	
Brief description of sequence of events	
Name	
Signature	
Date	
Position within school	

SECTION (D) VESSEL INFORMATION	
Vessel Name	
Port of Registry	
Registration Number	
Date of Incident	
Time of Incident	
Departure from last port	**Date:…….** **Time:…….**
Voyage Details	**From:…….** **To:……..**
Position of incident	
Weather and visibility at time of incident	
Location of persons involved/affected by incident	
Brief description of sequence of events (use separate page if necessary)	

Description of sequence of events – continued from page 3

Details of involved vessel (if no other vessel involved please enter none)	
Vessel Name	
Port of Registry	
Registration Number	

Details of casualties on board other vessel	
Name	**Brief description of injury**

Comments

Report completed by	
Name	
Signature	
Date	
Position on board vessel **(please enter name of vessel)**	

SECTION (E) **Please complete one for each witness comments** **WITNESS COMMENTS**	
Full Name	
Date of Birth	
Position of Witness **(vessel name and position or location)**	
Comments	
Date	
Signed	
Contact Address	
Contact Telephone Number	