

St Michaels Rowing Club Incident report.



Your details

Name

First

Last

Email address:

Incident details

Primary rowing club involved in this incident*

If your rowing club was involved, then it would be the primary club involved for this report. Otherwise, please select the main club involved in the incident.

Other clubs involved

Non-Rowing Ireland

If a non-Rowing Ireland club(s) were involved, please provide their club name

Your role at the club

Will this incident form part of an insurance claim?

Date of incident

Time of incident

Please use the 24hr format

Location of incident

Please provide as much detail of the location as possible for example longitude and latitude or image

Boat details

Primary boat – General boat type

Primary boat – Boat type

Primary boat – Experience level of the crew

Primary boat – Experience level of the cox

Secondary boat – General boat type

Secondary boat – Boat type

Secondary boat – Experience level of the crew

Secondary boat – Experience level of the cox

- **Water conditions**

- Type of water*

Please select one Inland Coastal Offshore N/A

- Is this water tidal?

Please select one Yes No Not sure

- Tidal state*

Please select one High Medium Low N/A

- Tide current*

Please select one Flood (coming in) Ebb (going out) Don't know N/A

- Weather conditions

Please provide as much detail about the weather, wind and light conditions as possible

- Has this incident been reported to the/your club?

- Incident type

Please select one

Health issue incident only

An incident resulting in an injury or health issue (other than superficial i.e. blister)

Damarge or near miss with undesired circumstances (no injury or health issues)

- **Accident details**

- Activity type*

Please select one

Land training

Water training

Competition pre-race Competition

racing Competition post-race

Non-rowing activity

- Health issue/injury type*

Please select one

Hypothermia Trauma

muscularTrauma

cuts/bruisesTrauma

skeletal

Concussion

Waterborne disease

Heat stress

Cardiac

Respiratory

Other (please specify below)

- Other health issue/injury type
- Details of injury/health issues and any medical treatment administered/required

- Brief description of the incident

- Measures taken

Measures taken to reduce or avoid future re-occurrence of such incidents and learning points.

- Consequences of the incident

i.e. costs to repair, insurance claim, extended medical treatment, disciplinary action, inquest, etc. Please provide as much detail as practicable.

- Additional files and information

Drop files here orSelect files

Accepted file types: docx, gif, jpg, jpeg, pdf, png, Max. file size: 400 MB.

Please upload any additional files or documents (i.e. photos) related to the incident. To upload a file, select 'Select files' and once selected click the 'Open' button. You can upload multiple files. Allowable extensions are: docx, gif, jpg, jpeg, pdf, and png

- **Consent***

I agree to the privacy policy.