

Sailing Club of Washington Incident Report

SCOW Skipper to complete all sections and sign & date this incident report.



<hr/>		
Skipper Full Name		
<hr/>		
Address		
<hr/>		
City	State	Zip Code

<hr/>	<hr/>	<hr/>
Date of Incident	Time of Incident	Vessel Name
<hr/>	<hr/>	<hr/>
Crew Name	Crew Name	Crew Name
<hr/>	<hr/>	<hr/>
Crew Name	Crew Name	

Were the crew wearing PFDs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were proper SCOW procedures followed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were COB procedures followed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were Safety procedures followed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Nature of Incident (be as specific as possible)

Were there any injuries? First Aid? Medical Treatment? (be as specific as possible)

Was there any damage to the boat? (be as specific as possible)

Note the weather conditions

Skipper Signature

Date