

INCIDENT REPORT FORM – HELMET DIVING/UNDERSEA WALK

1. INCIDENT DESCRIPTION

Date: _____

Time: _____

Location:

Underwater On Platform Other

Place: _____

2. FULL DESCRIPTION OF INCIDENT

3. INJURIES TO HELMET DIVERS

4. PRELIMINARY ACTIONS TAKEN

5. REGISTRATION NUMBER OF PLEASURE CRAFT/PLATFORM

6. DESCRIPTION OF DAMAGE TO CRAFT/PLATFORM/EQUIPMENT

7. WEATHER CONDITIONS AT TIME OF INCIDENT

WEATHER

- Clear
- Cloudy
- Rain

WATER

- Calm
- Rough
- Very rough

VISIBILITY

- Good
- Restricted
- Fog

Height of wave: _____

8. PROBABLE CAUSES OF INCIDENT

9. CONTACT DETAILS OF SITE MANAGER AT TIME OF INCIDENT

Name: _____
 Address: _____
 Telephone Number: _____
 Age: _____ Gender: Male
 Number of Persons On Board: _____ Female

10. PARTICULARS OF OTHER PERSONS WHO HAVE WITNESSED THE INCIDENT

<i>NAME</i>	<i>AGE</i>	<i>SEX</i>	<i>ADDRESS</i>	<i>TELEPHONE NO.</i>

11. DATE AND TIME WHEN WAIVER AND RELEASE FROM LIABILITY FORM WAS SIGNED

Date: _____ Time: _____

12. DECLARATION (To be signed by Site Manager at time of incident)

I declare that the information provided by me in this Incident Report Form is true to the best of my knowledge and belief.

Name: _____ Signature: _____
 Date: _____