

# Bishops Stortford Canoe Club

## Incident Form



### About the person completing this form

Name of the person completing this form:

If the person completing this form is **NOT** a member of BSCC:

Relationship to BSCC	
Phone	
Email	
Home address	
Post Code	
Club you are connected to	
Organisation(s) you belong to – circle all which apply	<b>Paddle UK,</b> <b>Paddle Cymru,</b> <b>Paddle Scotland,</b> <b>Paddle NI,</b> <b>BSUPA,</b> <b>NONE</b> Any other (specify):

Connection of the person completing this form to the incident:

Coach	<input type="checkbox"/>
BSCC Official	<input type="checkbox"/>
Competitor	<input type="checkbox"/>
Event Organiser	<input type="checkbox"/>
BSCC Member	<input type="checkbox"/>
Member of the Public	<input type="checkbox"/>
Other (specify)	<input type="text"/>

## Details of the incident

Date of the incident:

Est. time of the incident:

Nature of the incident:

<input type="checkbox"/>	Injury
<input type="checkbox"/>	Fatality
<input type="checkbox"/>	Medical condition that led to incident occurring
<input type="checkbox"/>	Equipment failure
<input type="checkbox"/>	Illness through suspected poor water quality
<input type="checkbox"/>	River/Water User
<input type="checkbox"/>	Other – please specify below
<input type="text"/>	

Exact location of the incident (inc name and section of river):

What3Words

Type of water

<input type="checkbox"/>	Canal
<input type="checkbox"/>	Ungraded river
<input type="checkbox"/>	On bank/land
<input type="checkbox"/>	Other – please specify below, e.g. sea, lake/reservoir, tidal/estuary, swimming pool
<input type="text"/>	

Environmental conditions

How many people were injured?

Individuals involved:

1	<b>Name</b>	
	<b>Age</b>	
	<b>Their club</b>	
	<b>Contact information</b> (of parent/guardian if a junior)	
	<b>Injury location</b> e.g. head, face, neck, shoulder, arm, wrist, hand, back, chest, abdomen, waist/pelvis, leg, knee, ankle, foot	

2	<b>Name</b>	
	<b>Age</b>	
	<b>Their club</b>	
	<b>Contact information</b> (of parent/guardian if a junior)	
	<b>Injury location</b> e.g. head, face, neck, shoulder, arm, wrist, hand, back, chest, abdomen, waist/pelvis, leg, knee, ankle, foot	

3	<b>Name</b>	
	<b>Age</b>	
	<b>Their club</b>	
	<b>Contact information</b> (of parent/guardian if a junior)	
	<b>Injury location</b> e.g. head, face, neck, shoulder, arm, wrist, hand, back, chest, abdomen, waist/pelvis, leg, knee, ankle, foot	

Did the incident take place during a recognised training session **OR** during an event in one of the competition disciplines?

YES

NO

Discipline

Marathon

Sprint

SUP Racing

OTHER – please specify below, e.g. Freestyle, Kayak sailing, Ocean racing, Paracanoes, Polo, Surf Kayak/Waveski, Whitewater rafting, Wildwater Racing

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Craft involved

Kayak

Canoe

Paddleboard

None

OTHER – please specify below, e.g. Raft

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Were Emergency services contacted?

YES

NO

Did anyone require medical treatment?

No

Yes – from an onsite first aider/paramedic

Yes – attended A&E (not admitted to hospital)

Yes – admitted to hospital for less than 24 hrs

Yes – admitted to hospital for more than 24 hrs

Don't know

Describe the incident:

Details of any injuries & treatment:

Details any damage to property/equipment:

Were the police informed:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

***Please pass this form to a member of BSCC Committee***

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***For committee use only***

What was the final outcome of the incident? (if known):

What can be learned from this incident:

Is any action required from Paddle UK:

Yes

No

Don't know

Reported to PUK? CRT?:

Minuted at committee meeting:

Any later information/follow-up: