

**INCIDENT REPORT FORM – CONDUCT OF PARASAILING ACTIVITIES****1. INCIDENT DESCRIPTION**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location:

 Inside Lagoon Outside Lagoon

Place: \_\_\_\_\_

**2. DESCRIPTION OF INCIDENT**


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**3. DIAGRAM OF INCIDENT****4. AT TIME OF INCIDENT, NUMBER AND PARTICULARS OF PERSONS INVOLVED**

<i>NAME</i>	<i>AGE</i>	<i>SEX</i>	<i>ADDRESS</i>	<i>TELEPHONE NO.</i>	<i>DESCRIPTION OF VISIBLE INJURIES</i>

**5. PRELIMINARY ACTIONS TAKEN**


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**6. REGISTRATION NUMBERS OF PLEASURE CRAFTS/PARASAILING PONTOON INVOLVED**


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**7. DESCRIPTION OF DAMAGE TO CRAFTS/PARASAILING PONTOON**


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**8. WEATHER CONDITIONS AT TIME OF INCIDENT****WEATHER**

- Clear  
 Cloudy  
 Rain  
 Fog

**WATER**

- Calm  
 Rough  
 Very rough  
 Strong current

**WIND**

- None  
 Light (1>8 knots)  
 Moderate (8>15 knots)  
 Strong (15>30 knots)

**VISIBILITY**

- Good  
 Restricted

Height of wave: \_\_\_\_\_ Wind Direction: \_\_\_\_\_

**9. LAST ENTRIES RESPECTING SEA/WIND/VISIBILITY CONDITIONS IN LOG BOOK**


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**10. PROBABLE CAUSES OF INCIDENT**


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**11. DETAILS OF ONSHORE "EMERGENCY CONTACT PERSON"**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**11. DETAILS OF PERSON IN CHARGE OF THE ACTIVITY AT TIME OF INCIDENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  MaleNumber of Persons On Board: \_\_\_\_\_  Female**12 (a). PARTICULARS OF SKIPPERS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**12 (b). PARTICULARS OF SKIPPER'S LICENCE**

Skipper's Licence Number: \_\_\_\_\_

Issued on: \_\_\_\_\_ Validity: \_\_\_\_\_

**13. PARTICULARS OF PERSONS WHO HAVE WITNESSED THE INCIDENT**

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

**14. DATE AND TIME WHEN DISCLAIMER FORM WAS SIGNED**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**15. DECLARATION (To be signed by Person In Charge of parasailing activity 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: \_\_\_\_\_