

## **INCIDENT REPORT FORM – HELMET DIVING/UNDERSEA WALK**

### **1. INCIDENT DESCRIPTION**

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

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

Location:

Underwater     On Platform     Other

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

### **2. FULL DESCRIPTION OF INCIDENT**

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### **3. INJURIES TO HELMET DIVERS**

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**4. PRELIMINARY ACTIONS TAKEN**

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**5. REGISTRATION NUMBER OF PLEASURE CRAFT/PLATFORM**

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**6. DESCRIPTION OF DAMAGE TO CRAFT/PLATFORM/EQUIPMENT**

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**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**

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**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: \_\_\_\_\_