**Waka Ama Events**

**Incident Report Form**

| **Date:** | **Time:** |
| --- | --- |
| **Event:** | |
| **Event Host:** | |
| **Venue:** | |
| **Incident Summary:**  E.g. Paddler capsized and re-righted their canoe  Paddlers crashed causing a knock on the head from the Kiato  Paddler stuck in weeds | |
| **Actions taken:**  Interventions where the paddler continued  Interventions where a paddler was withdrawn  Rescues  First aid interventions | |
| **General Comments/ Future reference:**  Future events have first aid staff onsite  Ensure all paddlers attend the safety briefing | |
| **Was there any first aid administered? Yes / No** (If yes please provide details) | |
| **Was anyone involved in the incident required to seek further medical care? Yes / No** (If yes please provide details) | |
| **Race/Safety coordinator Name:** | |
| **Signature:** | |
| **Date:** | |