**Waka Ama Events**

**Incident Report Form**

| **Date:**  | **Time:** |
| --- | --- |
| **Event:** |
| **Event Host:** |
| **Venue:** |
| **Incident Summary:**E.g. Paddler capsized and re-righted their canoePaddlers crashed causing a knock on the head from the KiatoPaddler 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| **Actions taken:**Interventions where the paddler continued Interventions where a paddler was withdrawn Rescues First aid interventions |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 onsiteEnsure 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:** |