

Personal floatation devices (PFDs)

How many carried

Lifejackets:	Adult (12 yrs and over):	Child (under 12 yrs):
Buoyancy vests:	Adult:	Child:
Inflatable lifejackets:	Adult:	Child:
How many worn prior to accident/incident?	Adult:	Child:
How many worn after accident/incident?	Adult:	Child:

Equipment carried

<input type="checkbox"/> Cellphone (protected from water)	<input type="checkbox"/> Distress beacon (specify type)	<input type="checkbox"/> Torch	<input type="checkbox"/> Spare fuel
<input type="checkbox"/> Cellphone (not protected from water)		<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Anchor
<input type="checkbox"/> Maritime VHF radio	<input type="checkbox"/> Fixed	<input type="checkbox"/> GPS	<input type="checkbox"/> Tool kit
	<input type="checkbox"/> Handheld	<input type="checkbox"/> Flares	<input type="checkbox"/> Rope
		<input type="checkbox"/> Bailer or bilge pump	

River and environment conditions

River flow

Very low
 Low
 Normal
 High
 Flood
 Clear
 Discoloured

Describe what happened prior to and at the time of the accident.

(Please include a diagram and photos where possible. If another boat was involved, include details of the boat, owner and driver).

What, in your opinion, contributed to the accident?

What is being done to prevent a re-occurrence, and what are the lessons learned?

Signature:

Date: / /

Name (printed):

Position: