



Incident Report Form

Serial No.

Reportable incidents are those which:

1. Involve injury, whether to participants or others.
2. Involve damage to property, whether 3rd party or not.
3. May cause an insurance or legal claim.
4. Involve the use of non-standard equipment or techniques.
5. Involve failed or malfunctioned equipment.
6. Highlight safety points or were unusual.
7. You feel the sport may learn from.

Actions after injury or fatality:

1. Administer 1st Aid.
2. Call relevant Emergency Services.
3. Photograph or sketch equipment - do not move or test
4. Take names and addresses of witnesses.
5. Have witnesses write down what they saw.
6. Inform next of kin, or ensure Police do.
7. Send to the BHPA office within 48 hours

Contact telephone numbers:

Technical Officers: 01937 585587 01792 280941 01782 565234
BHPA Office: 0116 261 1322 Fax: 0116 261 1323

SCHOOLS - please remember to attach a completed school supplement to the form.

Details of person injured or involved

Address

Name		Post code		Telephone (home)		(work)	
Male/Female <input type="checkbox"/>	Age <input type="text"/>	Clip in weight <input type="text"/>		M/ship No. <input type="checkbox"/>		<input type="text"/>	
		Intro. Certificate No. <input type="checkbox"/>				<input type="text"/>	
Ratings (tick)	Beginner	EP	CP	P	AP	Dual	Instructor
	HG						
	PG						
							Date current rating attained
							HG:
							PG:
Experience (tick)	Years	Flying hours		Flight totals	Hours on current type	Time since last flown	
	HG	Tow	Self				
	PG						
							Basic training by (tick)
							School
							Friend
							Self
Name of training School <input type="text"/>				Current club <input type="text"/>			

Incident details

Date

Time

Time of arrival on site

Name of Site		Best wind direction		Wind direction on the day			
Launch - Hill:	Assisted	<input type="checkbox"/>	Weather - Wind speed(mph):	0-5	<input type="checkbox"/>	Conditions: Smooth/steady <input type="checkbox"/>	
	Forward	<input type="checkbox"/>		5-10	<input type="checkbox"/>		Variable <input type="checkbox"/>
	Reverse	<input type="checkbox"/>		10-15	<input type="checkbox"/>		Gusts <input type="checkbox"/>
	Tow: Winch	<input type="checkbox"/>		15-20	<input type="checkbox"/>		Thermic <input type="checkbox"/>
	Veh./boat	<input type="checkbox"/>		20-25	<input type="checkbox"/>		Turbulent <input type="checkbox"/>
Aero	<input type="checkbox"/>	25-30	<input type="checkbox"/>				
Power:	<input type="checkbox"/>	30 +	<input type="checkbox"/>				
Person/s injured - Pilot 1 <input type="checkbox"/> Pilot 2 <input type="checkbox"/> 2nd pilot(dual) <input type="checkbox"/> Ground crew <input type="checkbox"/> Course member <input type="checkbox"/> 3rd party <input type="checkbox"/>							
Injuries sustained <input type="text"/>							
Services called: 1st Aid <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Mtn Rescue <input type="checkbox"/> Helicopter <input type="checkbox"/>							
Medical: Casualty <input type="checkbox"/> Hospital admission <input type="checkbox"/> Name of hospital and town <input type="text"/>							
Equipment							
Glider/canopy: Make <input type="text"/>		Model <input type="text"/>		Size(m ²) <input type="text"/>			
Bought: New <input type="checkbox"/>		2nd hand <input type="checkbox"/>		Total flying hrs <input type="text"/>			
				Date of manufacture <input type="text"/>			
Certification: HG BHPA <input type="checkbox"/>		DHV <input type="checkbox"/>		HGMA <input type="checkbox"/>			
				Registered Prototype <input type="checkbox"/>			
				Reg. Grandfathered <input type="checkbox"/>			
PG BHPA <input type="checkbox"/>		DHV <input type="checkbox"/>		CEN <input type="checkbox"/>			
				Registered Prototype <input type="checkbox"/>			
				Reg. Grandfathered <input type="checkbox"/>			
Any modifications?(list) <input type="text"/>							
Accessories <input type="text"/>			Engine Type <input type="text"/>				
Harness: Make <input type="text"/>			Helmet: Make <input type="text"/>		Model <input type="text"/>		
Emergency parachute: Make <input type="text"/>			Model <input type="text"/>		Age <input type="text"/> Size <input type="text"/>		

Additional information		Name	Membership no.
Details of person submitting the report if different from front cover		Address	
		Post code	Tel.
Names and addresses of witnesses	1	2	
	Tel		Tel
Details of damage to	Glider/canopy		
	Property		
Names and addresses of 3rd party(ies)	1	2	
	Tel		Tel

2nd fold along this line and tuck this  part into front flap to leave address showing

Office use only		I.O. assessment :			
Injury category	Nil <input type="checkbox"/>	Minor <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>	Cause :
Rec'd:	Ack'd:		BHPA - IR 05/00		

First fold along this line

BUSINESS REPLY SERVICE
Licence No. LE 6208



British Hang Gliding and Paragliding Association Ltd
The Old Schoolroom
Loughborough Road
LEICESTER
LE4 5ZB

Narrative report

1. Please write clearly, preferably in black ink
2. Provide as much factual information as possible
3. Provide sketches opposite
4. Continue on a separate sheet if necessary

What led up to the incident?

What was the student/pilot briefed to do (or what did he say he would do)?

Describe the incident:

What happened after the incident? (include relevant medical diagnosis)

Have you completed the report as fully as possible? Then print your name, sign and date it.

Name _____ Signed _____ Date _____

Side view sketch

Top view sketch

At what stage of the flight did the incident occur?

- 1. On take-off
- 2. During the tow
- 3. During free flight
- 4. On approach
- 5. On landing
- 6. Other (describe below)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If you are able to indicate possible contributory factors in this incident please tick the relevant box(es).

- 1. Inexperience
- 2. High/low wind conditions
- 3. Turbulence
- 4. Stall/tuck
- 5. Confusion/froze
- 6. Overconfidence
- 7. Equipment
- 8. Insufficient lookout
- 9. Traffic density
- 10. Other (describe below)

	Major	Minor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplement to Incident Report - For School Incidents

In the event of any incident or accident at a BHPA registered school this supplementary form is to be completed, attached to the Incident Report form and posted to the BHPA office within 48 hours. Serious incidents/accidents are to be reported by telephone first.

Operational details	Name of School: _____			
At the time of the incident:				
Who was the duty Instructor/Instructor in charge? _____				
Who was supervising the 'incident' group? _____ What ratings are held? _____				
Who was driving/operating the tow unit? _____ What ratings are held? _____				
Was a separate tensio reader carried? <input type="checkbox"/> Was a separate observer carried? <input type="checkbox"/> Was an anchor man used? <input type="checkbox"/>				
What length tow line was used? _____ What material? _____				
What type of communications were used? _____ What training aids were used? _____				
How many students were being trained? _____ How many students were in the 'incident' group? _____				
What training exercise was the student attempting? _____ No. of flights on this exercise? _____				
What was the student's previous training exercise? _____				
No. of flights on the previous exercise? _____ On what date _____				
Details of the student's two most recent theory sessions:				
Subject	Duration	Venue (outdoors/vehicle/c'room)	Name of Tutor	Date
1				
2				

Student's Training history	Name of student _____																
What type of course was he/she on:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 10%;">Intro</th> <th style="width: 10%;">EP</th> <th style="width: 10%;">CP</th> <th style="width: 10%;">Refresher</th> <th style="width: 10%;">Soaring</th> <th style="width: 10%;">XC</th> <th style="width: 10%;">RFM*</th> <th style="width: 10%;">Other</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Intro	EP	CP	Refresher	Soaring	XC	RFM*	Other								
	Intro	EP	CP	Refresher	Soaring	XC	RFM*	Other									
Previous School attended (if any) _____																	
No. of days on this course _____ Total no. of training days _____																	
<p>Performance to date: Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Outstanding <input type="checkbox"/> Inconsistent <input type="checkbox"/></p>																	
* RFM = Radical flight manoeuvres																	
BHPA - IR 05/00.sup																	