

# IRISH POWERED PARAGLIDING & HANG-GLIDING ASSOCIATION

WWW.paramotoring.ie



## Incident Report Form

Serial No.

<p><b>Reportable incidents are those which:</b></p> <ol style="list-style-type: none"> <li>1. Involve injury, whether to participants or others.</li> <li>2. Involve damage to property, whether 3rd party or not.</li> <li>3. May cause an insurance or legal claim.</li> <li>4. Involve the use of non-standard equipment or techniques.</li> <li>5. Involve failed or malfunctioned equipment.</li> <li>6. Highlight safety points or were unusual.</li> <li>7. You feel the sport may learn from.</li> </ol>	<p><b>Actions after injury or fatality:</b></p> <ol style="list-style-type: none"> <li>1. Administer 1st Aid.</li> <li>2. Call relevant Emergency Services.</li> <li>3. Photograph or sketch equipment - do not move or test</li> <li>4. Take names and addresses of witnesses.</li> <li>5. Have witnesses write down what they <u>saw</u>.</li> <li>6. Inform next of kin, or ensure Garda do.</li> <li>7. Send to the IPPHA office within 48 hours</li> </ol>
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<p><b>Contact telephone numbers:</b> Tel.062 52429 Fax. 06252429 Mobile.0862232955 E/Mail: info@paramotoring.ie</p>	<p><b>SCHOOLS - please remember to attach a completed school supplement to the form.</b></p>
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<b>Details of person injured or involved</b>		Address																						
Name		Telephone (home) (work)																						
Male/Female <input type="checkbox"/> Age <input type="text"/> Clip in weight <input type="text"/>		M/ship No. <input type="checkbox"/> Intro. Certificate No. <input type="text"/>																						
Ratings (tick)	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Beginner</th> <th>EP</th> <th>CP</th> <th>P</th> <th>AP</th> <th>Dual</th> <th>Instructor</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Beginner	EP	CP	P	AP	Dual	Instructor	<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"/>	Date current rating attained	
	Beginner	EP	CP	P	AP	Dual	Instructor																	
<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"/>																		
Experience (tick)	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Years</th> <th>Flying hours Tow</th> <th>Self</th> <th>Flight totals</th> <th>Hours on current type</th> <th>Time since last flown</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Years	Flying hours Tow	Self	Flight totals	Hours on current type	Time since last flown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Basic training by (tick)				
Years	Flying hours Tow	Self	Flight totals	Hours on current type	Time since last flown																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Name of training School <input type="text"/>		Current club <input type="text"/>																						
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>School</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Friend</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Self</td> <td><input type="checkbox"/></td> </tr> </table>		School	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Self	<input type="checkbox"/>															
School	<input type="checkbox"/>																							
Friend	<input type="checkbox"/>																							
Self	<input type="checkbox"/>																							

<b>Incident details</b>	Date	Time	Time of arrival on site
<b>Name of Site</b> <input type="text"/>		Best wind direction <input type="text"/> Wind direction on the day <input type="text"/>	
<p><b>Launch - Hill:</b> Assisted <input type="checkbox"/> Forward <input type="checkbox"/> Reverse <input type="checkbox"/></p> <p>Tow: Winch <input type="checkbox"/> Veh./boat <input type="checkbox"/> Aero <input type="checkbox"/></p> <p>Power: <input type="checkbox"/></p>	<p><b>Weather - Wind speed(mph):</b> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30 + <input type="checkbox"/></p>	<p>Conditions: Smooth/steady <input type="checkbox"/> Variable <input type="checkbox"/> Gusts <input type="checkbox"/> Thermic <input type="checkbox"/> Turbulent <input type="checkbox"/></p>	
<p><b>Person/s injured</b> - 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"/></p>			
Injuries sustained <input type="text"/>			
Services called: 1st Aid <input type="checkbox"/> Ambulance <input type="checkbox"/> Garda <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"/>			
<b>Equipment</b>			
Glider/canopy: Make <input type="text"/> Model <input type="text"/> Size(m <sup>2</sup> ) <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"/>			



## 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 \_\_\_\_\_