



Northern Rivers Hang-Gliding and Paragliding Club

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Incident report form

Your contact details

Full name:

Contact number:

Email address:

Incident information

Date & time:

Venue:

Description:

Outcome:

Additional information

SAFA Number of Pilot Involved:

Occurrence (incident / accident) Definitions on Website:

Location of occurrence:

Occurrence happened during (tick all that apply):

- ☐ Recreational Flying
- ☐ Competition
- ☐ Under Instruction

Occurrence happened during (tick all that apply):

- ☐ Taking Off
- ☐ Landing
- ☐ In Flight
- ☐ Winch Tow
- ☐ Car Tow
- ☐ ATOL Tow
- ☐ Aerotow
- ☐ Mishap
- ☐ Near Miss
- ☐ Other - Please Specify

Other - Please specify:

Pilot qualification level (tick all that apply):

- ☐ PG1
- ☐ HG1
- ☐ PG2
- ☐ HG2
- ☐ PG3
- ☐ HG3
- ☐ PG4
- ☐ HG4
- ☐ PG5
- ☐ HG5
- ☐ PPG
- ☐ Mini Wing
- ☐ Tandem Wing
- ☐ Other

Instructor Name and School (if during training):

Wing/Motor/Equipment:

Was a parachute fitted (tick all that apply):

☐ Yes

☐ No

☐ Unknown

Was a parachute deployed (tick all that apply):

☐ Yes

☐ No

☐ Not Applicable

Total number of hours:

Weather Conditions:

Did an Injury occur (If yes, please complete Injury report):

Were emergency services contacted or did they attend:

Description of Injury/Medical treatment/Hospital Involved:

Did a fatality Occur (If yes, please specify):

Immediate actions taken:

Safety Committee Outcome::

Was and AIRS report Submitted.:

Reason for NOT submitting an AIRS report.:

People involved

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name: _____

Contact number: _____

Email address:

Role (please circle):	Complainant	Official	Person involved	Witness
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Full name: _____

Contact number:

Email address: _____

Role (please circle):	Complainant	Official	Person involved	Witness
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Full name:

Contact number: _____

Email address: _____

Role (please circle):	Complainant	Official	Person involved	Witness
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