

SeaTREK®

Incident Report Follow-Up Form

(SeaTREK® Operator Name)

After an incident it is imperative that a Training Coordinator follow-up with the SeaTREK® Guide to review the incident and the Guide's actions. **The Follow-up Form should be completed by the Training Coordinator and submitted to Sub Sea Systems® ASAP.**

Follow-up Date: ____ / ____ / ____

● Incident Details

Injured Participant's Name: _____ Age: _____ Sex: M F

SeaTREK Guide Name: _____ Guide ID#: _____

Other Guides / Staff present during the incident: _____

Training Coordinator's Name: _____ ID#: _____

* Please attach additional sheets if more room is required. Label description by Section.

● Description of actions the Guide handled well:

Section J

● Description of actions the Guide could improve:

Section K

● Does the Guide require any skills retraining and / or additional skills training? Y N

If yes, please describe:

Section L

● Signatures:

I have reviewed the incident with the involved Guide and hereby confirm any actions which may be required.

Training Coordinator Signature: (X) _____ Date: ____ / ____ / ____

● FAX THIS FORM IMMEDIATELY TO Sub Sea Systems® (530) 626-0113 WITHIN 1 MONTH OF INCIDENT OR E-MAIL TO insurance@subseasystems.com.