February 2019 Form 5

Parachute Association of Namibia www.panam.com.na Telephone and Fax: P O Box 281 E-mail: 064-402841/403446 Swakopmund info@panam.com.na **Incident Report** Any unusual occurrence should be reported, as this helps to: compile statistics, establish trends, educate others and try and prevent similar, or worse incidents. **Drop Zone/SJO:** Date/time of incident: Name of Parachutist involved: **PANAM No:** $M \square F \square$ Date of birth: Gender: Time in sport: Total jumps: Jumps in last 12 months: Jumps in last month: Licences or ratings held: Uncurrent Current Refresher training: Yes ☐ No ☐ Place of incident: Jump type / height (AGL): Body mass of jumper: Weather conditions: (include pax mass for tandems) Equipment Main make: Reserve make: Container: Used: Main size: Reserve size: Manufacturer: AAD: RSL: Yes ☐ No ☐ Owner of equipment: Aircraft type: Packed by:(full name if not self) Description of incident (As detailed as possible, use overleaf if required): Cl's comments, impressions (Parachutists knowledge of procedures, mental/physical preparedness, currency, equipment, condition etc.) Recommendations / action taken (how do we prevent a similar occurrence?): Signature and Rating No: Signature: CI/SO/SJO: Parachutist involved (if available)