



AUSTRALIAN POWER BOAT ASSOCIATION

National Authority Affiliated with the Union International Mononautique

Record of Illicit Drug Incident – Appendix A

Name: _____ Date ____/____/____

Club: _____

Person who returned Positive A Sample

Name: _____

Telephone: _____

Email: _____

Driver / Crew Member / Official (Circle Appropriate)

Details of Alleged Incident

Date ____/____/____

Location _____

Details _____

Initial action Taken

Date ____/____/____

Location: _____

Details _____

Investigation Steps Taken

Date ____/____/____

Location: _____

Details: _____

Action Taken

Date ____/____/____

Details _____

Signed

Name: _____ Club _____

Signed: _____

Date ____/____/____

Received APBA National Secretary

Date ____/____/____

Name _____

Signed _____