



Incident Number (Staff Complete):

Incident Threshold Level: 1 2 3 4 5

BE SURE TO FILL OUT ALL APPLICABLE FIELDS BELOW

### INCIDENT REPORT FORM

Program & Region: \_\_\_\_\_ Crew Number/Site: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Participant Leader Staff Entire Crew Under 18 18 and Over

Area/location of incident: \_\_\_\_\_ Backcountry Front Country Office/Shop

Conditions (weather, terrain) \_\_\_\_\_

Name(s) of Leader(s): \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_ Date report completed: \_\_\_\_\_

Activity: Work related Camp Related Hiking Recreation De-rig/Rig-up Driving Other (Explain)

Incident Category:  Injury  Illness  Close Call  Vehicle  Behavioral  Emotional  Other (Explain)

Type of Incident: Wound Burn Sprain/Strain Ache/Pain Allergy Infection Bite/sting  
Gastrointestinal Respiratory Harassment Discrimination Vehicle Theft  
Environmental Behavioral Other (Explain)

Did individual miss work: No Yes, but stayed in field Yes, and left field

Did individual seek medical care: No Yes, day of incident Yes, after returning home Unknown

If individual sought medical care: Received outpatient service Was admitted for care

Was a Workers Comp report filed: No Yes, with 48 hours Yes, within 30 days Unknown

Have parents/emergency contacts been notified: No Yes By Whom?

Items taken from medical kit: None Yes (Please list)

Incident Description: (Include names, dates, times, locations, damages, injuries – attach additional pages and add updated actions as necessary):

Sequence of events leading up to/impacting incident, contributing factors:

Provide analysis/recommendations based on any policy violations and/or behavioral, physical, technical contributions:

**For Program Staff Use:**

Lt Duty Days (in field):

Lt Duty Days (in office):

Days Out (non-working):

Will the Person return to the field to complete the program? Yes

No

If not, why?

Due to Illness/Injury

Dismissed by Crew Leaders/Staff

Voluntarily

Incident Closed: Yes Date:

Incident Needs to be Reviewed: Yes No

Incident Reviewed By:

Date:

**Contributory Causes:**

Unsafe Conditions

Unsafe Act

Error in Judgment

Communication Breakdown

Other

Comments:

Were policies, procedures and protocols being followed at the time of the incident? Yes No

If No, explain here:

**Follow-up, Analysis & Recommendations:**