

INCIDENT REPORT

An incident report is required any time an injury or illness meets any of the following criteria:

- It requires more than simple first aid
- It needs follow up care or the use of prescription medications
- It interferes with participation in the course for 12 hours
- It is a non-medical safety incident
- It is a lost-day case
- Your director or site supervisor otherwise requests it

Date of Incident: _____

Location: _____

Program Type:	Instructors:
Instructor Name(s):	Type of Incident: <input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical <input type="checkbox"/> Lost Day

Incident Description:

Contributing Factors (Check All That Apply):

Environmental: <input type="checkbox"/> <i>Uneven/Steep terrain</i> <input type="checkbox"/> <i>Falling Objects</i> <input type="checkbox"/> <i>Animals/Plants</i> <input type="checkbox"/> <i>Weather</i> <input type="checkbox"/> <i>Water</i>	Human Factors: <input type="checkbox"/> <i>Adhering to Schedule</i> <input type="checkbox"/> <i>New/Unexpected Situation</i> <input type="checkbox"/> <i>Underestimated Hazard</i> <input type="checkbox"/> <i>Group Dynamics</i> <input type="checkbox"/> <i>Miscommunication</i>
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Medical Incidents ONLY:

Chief Complaint:	Pertinent Medical History and Medications:
Physical Findings/Appearance/Vital signs:	Assessment:
Emergency Care Given:	Changes in Condition:

By signing below, I certify that all staff involved in this incident have reviewed the situation and any contributing factors verbally with a Coordinator, Site Supervisor, or other Trackers Earth Administrator.

Report prepared by: _____
Signature
Printed Name
Date

Witness: _____
Signature
Printed Name
Date

Reviewed by Administrator: _____
Signature
Printed Name
Date