

# Outdoor Education/Recreation Incident Report

Notes: Fields marked in **red** with \* are compulsory fields.

Please ✓ as applicable in fields below.

## 1. General Incident Information

Incident report # (from database) \_\_\_\_\_

<b>Severity rating*:</b> actual* ____ potential* ____ (see severity scale)	<b>Region*:</b> Eg. Southland, Taranaki	
<b>Location of incident*</b> (Name of: river, track, rock climb, etc.)		
<b>Grid reference:</b>	<b>Date of incident*:</b>	<b>Time*</b> (24 hr, e.g. 2pm = 1400) : .....
<b>Incident type*</b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Psychological/emotional <input type="checkbox"/> Equipment loss/damage <input type="checkbox"/> Fatality <input type="checkbox"/> Missing/overdue <input type="checkbox"/> Near Miss	<b>Weather at time of incident*</b> Fine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet Hot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold Calm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windy	<b>Communications used</b> <input type="checkbox"/> Mountain radio <input type="checkbox"/> Flare <input type="checkbox"/> VHF radio <input type="checkbox"/> Locator beacon <input type="checkbox"/> Mobile phone <input type="checkbox"/> Messenger (person) <input type="checkbox"/> Satellite phone <input type="checkbox"/> n/a <input type="checkbox"/> Avalanche transceiver <input type="checkbox"/> Other _____
<b>No. of people involved*</b> _____		<b>Is this a lost day case?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No # days lost _____

## 2. Information on person/s involved in incident. (Complete for each person. More names? Add to a separate sheet)

First name: _____ Last name: _____ <b>Age*:</b> _____ <b>Gender*:</b> M F <b>Ethnicity*:</b> <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Is. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown <b>Evacuation Method*:</b> <input type="checkbox"/> Walked out <input type="checkbox"/> Stretcher <input type="checkbox"/> Vehicle <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> n/a <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Injury type *</b></td> <td style="width: 50%;"><b>Illness type*</b></td> </tr> <tr> <td><input type="checkbox"/> Burn</td> <td><input type="checkbox"/> Abdominal problem</td> </tr> <tr> <td><input type="checkbox"/> Blister</td> <td><input type="checkbox"/> Allergic reaction</td> </tr> <tr> <td><input type="checkbox"/> Bruise</td> <td><input type="checkbox"/> Altitude illness</td> </tr> <tr> <td><input type="checkbox"/> 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## 3. Activity Information

<b>Activity* (Choose the most appropriate activity the person was engaged in at time of incident)</b>			
<input type="checkbox"/> Abseiling	<input type="checkbox"/> Free time	<input type="checkbox"/> Rafting	<input type="checkbox"/> Solo
<input type="checkbox"/> Bungy Jumping	<input type="checkbox"/> Horse riding	<input type="checkbox"/> River crossing	<input type="checkbox"/> Surfing
<input type="checkbox"/> Camping	<input type="checkbox"/> Hunting	<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Swimming
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Initiatives	<input type="checkbox"/> Ropes	<input type="checkbox"/> Tramping
<input type="checkbox"/> Caving	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Sailing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Community service	<input type="checkbox"/> Land yachting	<input type="checkbox"/> Sea kayaking	<input type="checkbox"/> Tubing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Mountain biking	<input type="checkbox"/> Skiing	<input type="checkbox"/> Windsurfing
<input type="checkbox"/> Cycling	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Waterskiing
<input type="checkbox"/> Field trip: (specify) _____	<input type="checkbox"/> Multisport/adventure racing	<input type="checkbox"/> Snow caving	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Orienteering/Rogaining	<input type="checkbox"/> Snorkelling	

<b>Activity Duration*</b>  _____ Hours e.g. 3 1/2 days = 84 hours	<b>Number of people involved*</b> _____ Participants e.g. students _____ Volunteer helpers e.g. parent help _____ Qualified instructors _____ Supervisors e.g. teachers, youth leaders	Was this an EOTC incident? YES NO  Curriculum area (schools only) <input type="checkbox"/> English <input type="checkbox"/> Technology <input type="checkbox"/> Languages <input type="checkbox"/> Social Sciences <input type="checkbox"/> Mathematics <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Health & PE
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**4. Activity Leader (Choose leader most in charge of the group that had the incident)**

<b>Was there a leader*?</b> YES NO UNKNOWN (If no, or unknown, go to 5.)			
First name: _____	Last name: _____	<b>Does the activity leader have relevant activity qualifications*?</b> YES NO UNKNOWN	
<b>Age*:</b> _____ UNKNOWN	<b>Gender*:</b> M F UNKNOWN	<b>Leader's experience level*:</b> 1 2 3 4 5 6 UNKNOWN (1= Inexperienced,- 6 = Highly experienced)	

**5. Equipment involved in incident**

Vehicles, property, gear, equipment damaged, equipment lost, etc.

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**6. Narrative (general description of incident - what, where, how)**

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**7. Causal Factors**

People*		Equipment*	Environment*
<b>Activity Leader/s</b> <input type="checkbox"/> Inadequate physical condition <input type="checkbox"/> Inadequate mental condition <input type="checkbox"/> Inadequate emotional condition <input type="checkbox"/> Inadequate health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Judgement error <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Failure to follow policies <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<b>Participant/s</b> <input type="checkbox"/> Inadequate physical condition <input type="checkbox"/> Inadequate mental condition <input type="checkbox"/> Inadequate emotional condition <input type="checkbox"/> Inadequate health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Judgement error <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Failure to follow policies <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<input type="checkbox"/> No equipment <input type="checkbox"/> Wrong equipment <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Inadequate design <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<input type="checkbox"/> Adverse weather <input type="checkbox"/> Inadequate visibility/dark <input type="checkbox"/> Terrain <input type="checkbox"/> Water <input type="checkbox"/> Animal/insect/plant <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a

Explain in detail what you think caused the incident. Include any suggestions, observations or recommendations regarding the incident.

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