

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) _____

Severity rating*: actual* ____ potential* ____ (see severity scale)		Region*: Eg. Southland, Taranaki
Location of incident*: (Name of: river, track, rock climb, etc.)		
Grid reference:	Date of incident*:	Time*: (24 hr, e.g. 2pm = 1400) :
Incident type* <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	Weather at time of incident* 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 No. of people involved* _____	Communications used <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 _____ Is this a lost day case?* <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: _____ Age*: _____ Gender*: M F Ethnicity*: <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 Evacuation Method*: <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 Injury type * <input type="checkbox"/> Burn <input type="checkbox"/> Blister <input type="checkbox"/> Bruise <input type="checkbox"/> Concussion <input type="checkbox"/> Eye injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Dental <input type="checkbox"/> Frostbite <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration/cuts <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Punctures <input type="checkbox"/> Skin abrasions <input type="checkbox"/> Sprain <input type="checkbox"/> Sunburn <input type="checkbox"/> Tendonitis <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____ Illness type* <input type="checkbox"/> Abdominal problem <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Altitude illness <input type="checkbox"/> Asthma <input type="checkbox"/> Chest pain <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Eye infection <input type="checkbox"/> Food poisoning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Heat stroke <input type="checkbox"/> Menstrual <input type="checkbox"/> Non-specific fever <input type="checkbox"/> Skin infection <input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Other _____	First name: _____ Last name: _____ Age*: _____ Gender*: M F Ethnicity*: <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input 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3. Activity Information

Activity* (Choose the most appropriate activity the person was engaged in at time of incident)			
<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	

Activity Duration* _____ Hours e.g. 3 1/2 days = 84 hours	Number of people involved* _____ 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)

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

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*
Activity Leader/s <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	Participant/s <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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Hand form into your organisation's administrator for input to the National Incident Database – Thank you.
 For further copies go to www.incidentreport.org.nz