

Accident/ Incident Report Form

Please use this form to report accidents/incidents that happen on any National Club trips and forward to the Mountain Adventures Coordinator.


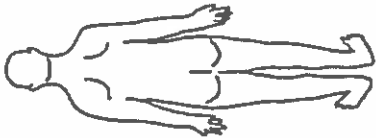
Date of report:		Date of Incident:
Report completed by:		
Participants involved in accident/injury:		
Trip Leader:		
Rope Leader:		
Location of Incident:		
Incident Description: (use back of form for more details)		
Other Witnesses:		
Equipment Involved:		
Weather Conditions:		
Person Injured:	Name:	Phone:
	Address:	
Treatment administered:		
Rescue Description:		

PATIENT INFORMATION

PATIENT NAME:		sex:	age:
address:		phone:	
health care #:	plan #:	company/facility:	
accident notification to be given to: NAME:		relationship:	
address:		phone:	
AIRWAY: open	obstructed	BLEEDING:	internal
			external
OBSERVATIONS AT 10 MINUTE INTERVALS			
CONTINUOUS MONITOR	START TIME:	HRS	HRS
		HRS	HRS
		HRS	HRS
		HRS	HRS
		HRS	HRS
Level of conscious. eyes verbal motor			
Respirt. rate character			
Pulse rate character			
Pupils (L) size mm reaction			
Pupils (R) size mm reaction			
Skin colour temp			
OVERALL CONDITION: lucid stable good fair poor life threatening			
MEDIC ALERT DETAILS:		ALLERGIES:	
MEDS GIVEN:	1) drug	dosage	time
	2) drug	dosage	time
	3) drug	dosage	time

COMPLETED BY: _____

ACCIDENT INFORMATION

DATE OF ACCIDENT:		TIME OF ACCIDENT:	
CURRENT LOCN OF PATIENT:			
map name #:		map sheet:	scale: grid ref:
hut	tent	bivouac	open
subalpine	alpine	elevation: _____	
PATIENT'S EQUIPMENT COLORS: jacket: _____ helmet: _____ pack: _____ tent: _____			
# REMAINED WITH PT. M: _____ F: _____		Name of support leader with patient: _____	
WEATHER		WIND dir'n _____	stmb _____ TEMP: _____ °C
SKY:	clear	ptcd	ocast
	obsrd	ceiling:	visibility in mtrs: in kms:
PRECIP:	type:	accum rate:	
TERRAIN		slope angle: _____	aspect: _____
FOREST:	thick	gladed	open
	krumholz	meadow	heather
	grass		
CLIFF:	scree	ledge	ridge
	gully	pinnacle	col
	hanging		
GLAC'R:	crevassed	ice-fall	covered
	dry	wtrfall:	gully
	face		
ACCIDENT HIST:	roped	unroped	helmet on
	helmet off	slip	tumble
rockfall	icefall	freefall	dist. in mtrs: avalanche size:
heat related	cold related	ski	animal
	what?: _____		
DESCRIBE NATURE OF ACCIDENT/MECHANISM OF INJURY:			
CHIEF COMPLAINT:			
INDICATE LOCN OF CHIEF COMPLAINT:			
			
EQUIPMENT AT SITE:	# tents	# sleeping bags	# sleeping pads
STOVES:	type: _____	#: _____	FUEL AVAIL.: litres /carts _____
CLIMBING ROPES:	#: _____	diameter: _____	length: _____
HELMETS? Y N #: _____	CRAMPONS? Y N #: _____	ICE AXES? Y N #: _____	
HARDWARE:	hammer? Y N	pitons#: _____	nuts#: _____ krabs#: _____
FIRST AID KIT: complete incomplete (circle)	OTHER: _____		
STABILIZATION OR EVACUATION PLAN (circle)			
<input type="checkbox"/> will remain at current location		require: <input type="checkbox"/> stretcher <input type="checkbox"/> spineboard	
<input type="checkbox"/> will descend/traverse to: (circle location: hut, campsite, road, pass, valley) destination grid reference: _____			
<input type="checkbox"/> have sufficient clothes	<input type="checkbox"/> have sufficient shelter	<input type="checkbox"/> have sufficient food	<input type="checkbox"/> have sufficient manpower
manpower present is <input type="checkbox"/> experienced <input type="checkbox"/> inexperienced <input type="checkbox"/> mixed			
<input type="checkbox"/> require extra clothes	<input type="checkbox"/> require extra shelter	<input type="checkbox"/> require extra food	<input type="checkbox"/> require extra manpower
- have resources available for fire YES or NO - are close to suitable helicopter landing site YES or NO			

