Incident Report Form

Incident Threshold Level: ☐ **0** ☐ **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **V**

Incident Date: _____ **Incident Time:** _____ (time zone)

Person(s) involved in incident:

Location:

Incident reported by:

Position type: ☐ Crew ☐ Community ☐ Corps ☐ Intern ☐ Leader Team ☐ Admin/Office/Event

Environment: ☐ Urban ☐ Frontcountry ☐ Backcountry

Incident Occurred on-duty? ☐ Yes ☐ No

One sentence summary

Incident narrative

What action has been taken?

What is the plan moving forward?

Will there be continued communication? ☐ Yes ☐ No

Who?

When?

Type of Injury:

- ☐ Abrasion
- ☐ Contusion
- ☐ Laceration
- ☐ Puncture
- ☐ Sunburn
- ☐ Burn (non-sun)
- ☐ Blister
- ☐ Bug Bite(s) Kind:
- ☐ Sting(s) Kind:
- ☐ Rash from Plants
- ☐ Tick bite/embedded
- ☐ Fracture
- ☐ Sprain or Strain
- ☐ Head (conscious)
- ☐ Head (unconscious)
- ☐ Dislocation
- ☐ Other: _____

Type of Illness:

- ☐ Gastro/Intestinal
- ☐ Abdominal Pain
- ☐ Diarrhea
- ☐ Respiratory Symptoms
- ☐ Allergy
- ☐ Infection
- ☐ Flu Symptoms
- ☐ Lyme Disease
- ☐ UTI
- ☐ Fever
- ☐ Dehydration
- ☐ Heat Exhaustion
- ☐ Hypothermia
- ☐ AMS
- ☐ Other: _____

Behavioral:

- ☐ Motivation
- ☐ Drugs/Alcohol/Tobacco
- ☐ Psychological
- ☐ Verbal harassing behavior
- ☐ Physical harassing behavior
- ☐ Sexual Harassment/Assault
- ☐ Safety/Judgment
- ☐ Unprofessional conduct
- ☐ Other: _____

Other:

- ☐ Travel Problems
- ☐ Family Emergency
- ☐ Vehicle Accident
- ☐ Property/Equipment Damage
- ☐ Early Departure
- ☐ Theft
- ☐ Issue with Agency/Supervisor
- ☐ Other: _____

Program Activity:

- ☐ Carrying Equipment
- ☐ Tool Sharpening
- ☐ Moving Rock/Timber
- ☐ Using tool:
- ☐ Working on Tread/Drainage
- ☐ Working on Res. Facilities
- ☐ Hiking
- ☐ Canoeing/ Aquatic
- ☐ Driving/Vehicular
- ☐ Training program Other: _____
- ☐ Cooking/Kitchen/Dishes
- ☐ Education Service:
- ☐ Camping
- ☐ Swimming

Contact Logistics

Name of Doctor/Hospital/Clinic:

Phone of Doctor/Hospital/Clinic:

Will this incident be filed as a workers compensation claim? If so, fill out separate form.

☐ Yes ☐ No ☐ Pending Review

Have parents been notified: ☐ Yes ☐ No If yes, by whom:

Was the patient evacuated from the field? ☐ Yes ☐ No

Is the member returning to the program? ☐ Yes ☐ No If no, why?

☐ Due to Illness/Injury ☐ Voluntarily ☐ Dismissed by Staff

Incident Report Completed by:

Only use this hard copy form when MySCA cannot be easily accessed (and enter into MySCA as soon as possible) or for full-time staff.