ASSOCIATED STUDENTS | OUTDOOR ADVENTURES

Incident Report Form

Incident Event						**Indicent Category**	☐	Adverse Event	☐	Close Call	
Incident Type	☐	Injury	☐	Illness	☐	Psychosocial	☐	Policy Violation	☐	Vehicle/Trailer	☐ Other
Severity Level	☐	0 - No impact	☐	1 - Minimal	☐	2 - Minor	☐	3 - Moderate	☐	4 - Serious	☐ 5 - Critical
Potential Severity Level	☐	0 - No impact	☐	1 - Minimal	☐	2 - Minor	☐	3 - Moderate	☐	4 - Serious	☐ 5 - Critical
Incident Date		**Incident Time**			**Day of Trip**						

Incident Context

Incident Context Type	☐	Program	☐	Staff Training	☐	Work Place	☐	Event	☐	HR	☐ Other
Program/Trip Name:							# of Staff Present:		# of Participants:		
Program Type:	☐	Trip	☐	Rockwall	☐	Bike Shop	☐	Rental Center	☐	Teambuilding	☐ Ropes Course

Incident Location

SIte of Incident:	**Facility (physical structure):**
Location Description (campsite, trail, etc):	

Activity at the Time of the Incident

Activity type:	☐	Backpacking	☐	Day Hike	☐	Workshop	☐	Camping	☐	Initiative	☐ Surfing
	☐	Rappelling	☐	Ski/Snowboard	☐	Swimming	☐	Canoeing/Kayaking	☐	River Crossing	☐ Canyoneering
	☐	Running	☐	Challenge Course	☐	Cooking	☐	Mechanical (tools)	☐	Snowshoeing	☐ Camping
	☐	Other: Describe									
Activity Description:											
Supervision Level	☐	N/A	☐	Direct	☐	Indirect	☐	Unsupervised			

If more room is needed, attach paper to this form

Narrative (briefly describe the objective facts of the incident):

Assessment/Treatment (briefly describe the response to the incident and the outcome at the time of this report):

Equipment Involved: ☐ N/A

Analysis (briefly describe contributing factors and how they made the incident more/less likely or more/less severe):

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Incident Report Form

Incident Event (copy from page 1):	**Indicent Category**	☐ Adverse Event ☐ Close Call/Near Miss

Person (Subject of Incident) ☐ N/A

First Name: **Last Name:** **Age:** **Gender:**

Status	☐ Participant	☐ Staff/Volunteer	☐ Other			
Severity Level	☐ 0 - No impact	☐ 1 - Minimal	☐ 2 - Minor	☐ 3 - Moderate	☐ 4 - Serious	☐ 5 - Critical
Level of Responsiveness (lowest) on AVPU Scale	☐ A+Ox4	☐ A+Ox3	☐ A+Ox2	☐ A+Ox1	☐ Verbal	☐ Pain
	☐ Unresponsive					
Evacuation Type	☐ N/A	☐ Unassisted (group resources only)	☐ Assited (CSUN/civil resources)	☐ EMS/SAR		
Treatment Type	☐ N/A	☐ Self/Staff	☐ Medical Visit	☐ Emergency Room	☐ Hospital Inpatient	
Left the program?	☐ N/A	☐ Voluntary	☐ Involuntary - unable to continue (medical)	☐ Involuntary - dismissal	**Date Left:**	**Lost Days:**
Returned to group?	☐ N/A	☐ Did not return	☐ Returned	Date Returned:		

Injury ☐ N/A

Injury Type (check all that apply)	☐ Abrasion	☐ Burn	☐ Dislocation	☐ Fracture	☐ Immersion Foot	☐ Puncture
	☐ Sunburn	☐ Animal Bite	☐ Contusion	☐ Drowning	☐ Frostbite	☐ Laceration
	☐ Tendinitus	☐ Blister	☐ Dental	☐ Eye Injury	☐ Head Injury	☐ Sprain
	☐ Tick/Insect Bite	☐ Other - describe:				
Anatomical Location	☐ Head	☐ Neck	☐ Lower Arm	☐ Upper Arm	☐ Hip	☐ Thigh
	☐ Foot	☐ Face	☐ Shoulder	☐ Wrist	☐ Abdomen	☐ Pelvis/Genitalia
	☐ Knee	☐ Toes	☐ Eye/Ear	☐ Chest	☐ Upper Back	☐ Lower Back
	☐ Hand/Digit	☐ Mouth	☐ Elbow	☐ Ankle	☐ Buttock	☐ Systemic
Severity Level	☐ 0 - No impact	☐ 1 - Minimal	☐ 2 - Minor	☐ 3 - Moderate	☐ 4 - Serious	☐ 5 - Critical
Description/Treatment (note medications, or bloodborne pathogen exposure):						

Illness ☐ N/A

Illness Type (check all that apply)	☐ Abdominal Pain	☐ Asthma	☐ Allergy: anaphylaxis	☐ Allergy: local	☐ Allergy: systemic	☐ Altered Mental Status
	☐ Altitude Sickness	☐ Chest/cardiac	☐ Dehydration	☐ Fever	☐ Gastrointestinal	☐ Genitourinary
	☐ Heat Exhaustion	☐ Heat Stroke	☐ Hypoglycemia	☐ Hyponatremia	☐ Hypothermia	☐ Infection: ear/eye
	☐ Infection: skin	☐ Infection: other	☐ Nausea	☐ Respiratory	☐ Poison/toxin	
	☐ Vector-borne	☐ Infection:	☐ Other - describe:			
Anatomical Location	☐ Head	☐ Neck	☐ Lower Arm	☐ Upper Arm	☐ Hip	☐ Thigh
	☐ Foot	☐ Face	☐ Shoulder	☐ Wrist	☐ Abdomen	☐ Pelvis/Genitalia
	☐ Knee	☐ Toes	☐ Eye/Ear	☐ Chest	☐ Upper Back	☐ Lower Back
	☐ Hand/Digit	☐ Mouth	☐ Elbow	☐ Ankle	☐ Buttock	☐ Systemic
Severity Level	☐ 0 - No impact	☐ 1 - Minimal	☐ 2 - Minor	☐ 3 - Moderate	☐ 4 - Serious	☐ 5 - Critical
Description/Treatment (note medications, or bloodborne pathogen exposure):						

Psychosocial (includes mental health, behavior, motivation issues) ☐ N/A

Psychosocial Type (check all that apply)	☐ Assault	☐ Bias/Exclusion	☐ Disordered Eating	☐ Drug/Alcohol Use	☐ Harrassment	☐ Microagression
	☐ Mood/Anxiety	☐ Runaway	☐ Self Harm	☐ Sexual Activity	☐ Verbal Abuse	
	☐ Failure to Follow Policy/instructions		☐ Refused/Declined to Participate		☐ Suicide Ideation, Gesture, Attempt	
	☐ Other - describe:					
Severity Level	☐ 0 - No impact	☐ 1 - Minimal	☐ 2 - Minor	☐ 3 - Moderate	☐ 4 - Serious	☐ 5 - Critical
Description/Treatment (note medications, or bloodborne pathogen exposure):						

Environment ☐ N/A

Environment Type (check all that apply)	☐ Campus	☐ Canyon	☐ Cliff	☐ Desert	☐ Forest	☐ Glacier
	☐ Lake	☐ Mountain	☐ Office	☐ Ocean	☐ River	☐ Road
	☐ Town/City	☐ Other - descibe:				
Environment Conditions	☐ Dry	☐ Wet	☐ Snow	☐ Ice	☐ Trail	☐ Off-Trail
	☐ Water - calm	☐ Water - waves	☐ Water - rough	☐ Water - very rough	☐ Flat	☐ Sloped
Weather:	☐ Precipitation	☐ Temp extreme hot/cold	☐ Lightning	☐ Reduced Visibility	☐ High Wind	☐ Tide/Current

Staff Involved ☐ N/A

First Name:	**Last Name:**	**Status/Role:**	**Age:**	**Gender:**
First Name:	**Last Name:**	**Status/Role:**	**Age:**	**Gender:**
First Name:	**Last Name:**	**Status/Role:**	**Age:**	**Gender:**

Prepared by:	**Status/Role:**	**Date:**
Entered in database by:	**Status/Role:**	**Date:**