

College of Health and Human Development
Department of Recreation and Tourism Management

OR Outdoor Adventures
Associated Students

OUTDOOR RECREATION ACCIDENT/INCIDENT REPORT

This form is to be completed as soon as possible after an accident causing injury or an incident/near miss has occurred. This is a confidential internal document and should not be given to unauthorized persons. A University accident report may also need to be completed. (Attach a copy of the signed health form and release when forwarding this report to the Outdoor Coordinator or Department Chair.) Please print clearly.

Name of Injured:

CSUN ID#

Address:

Telephone #:

(If more than one injured, provide a list with above information)

Incident Details *(Use additional sheets as necessary)*

Date of Incident:	Time of Incident:
Group size:	Program:
Description of Incident <i>(Describe location of incident, tasks/activities being performed, tools/equipment involved, witnesses, and specific injuries: what happened NOT why)</i>	

Instructors and other staff present:

Instructor		Other Staff	
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Weather conditions:

Temperature:		Precipitation		General:	
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Action(s) *(Describe immediate steps taken by each person involved including Emergency Response Services):*

Incident Analysis *(Determine incident factors— do not speculate on cause but only list known factors surrounding the incident/accident:*

Persons Contacted:

Was Emergency Contact notified: ☐Yes ☐No By whom:

Was Department Chair notified: ☐Yes ☐No By whom:

Was Search & Rescue notified: ☐Yes ☐No By whom:

Treatment Information:

Was First Aid administered: ☐Yes ☐No By whom:

Describe specific First Aid action taken:

Ambulance used: ☐Yes ☐No By whom:

Ambulance contacted (time): Ambulance arrived (time):

Evacuation helicopter used: ☐Yes ☐No By whom/time arrived:

Medical Statistics:

Time		Capillary Refill	
Pulse		Breathing	
Temperature		Medications Given	

Comments:

Person Making Report

Phone

Signature

Today's Date