Incident Number (Staff Complete):

BE SURE TO FILL OUT ALL APPLICABLE FIELDS BELOW

INCIDENT REPORT FORM

Program & Region:_____ Crew Number/Site: _____

Name of Person Involved: _____ Date of Incident:_____Time of Incident: _____

☐Crew Member ☐Leader ☐Individual Placement
☐Staff ☐Entire Crew ☐Other: _____ ☐Under 18 ☐18 and Over

Area/location of incident: _____ ☐Backcountry ☐Front Country ☐Office/Shop

Conditions (weather, terrain): _____

Name of Crew Leader or Conservation Legacy Staff Contact: _____

Name of Person Completing Report: _____ Date report completed: _____

Incident Threshold Level: ☐1 ☐2 ☐3 ☐4 ☐5
Activity: ☐Work related ☐Camp Related ☐Hiking ☐Recreation ☐De-rig/Rig-up ☐Driving ☐Other (Explain):
Incident Category: ☐Injury ☐Illness ☐Close Call ☐Vehicle ☐Environmental ☐Behavioral ☐Mental Health ☐Public/Partner ☐Other (Explain):
Type of Incident: ☐Wound ☐Burn ☐Sprain/Strain ☐Ache/Pain ☐Allergy ☐Infection ☐Bite/sting ☐Environmental ☐Gastrointestinal ☐Respiratory ☐Harassment ☐Discrimination ☐Vehicle ☐Theft ☐Policy Violation ☐Behavioral ☐ Mental Health ☐ Interpersonal ☐Other (Explain):
Did individual miss work: ☐No ☐Yes, but stayed in field ☐Yes, and left field
Did individual seek medical care: ☐No ☐Yes, day of incident ☐Yes, after returning home ☐Unknown
If individual sought medical care: ☐Received outpatient service ☐Was admitted for care
Was a Workers Comp report filed: ☐No ☐Yes, with 48 hours ☐Yes, within 30 days ☐Unknown
Have parents/emergency contacts been notified: ☐No ☐Yes - By Whom?
Items taken from medical kit: ☐None ☐Yes (Please list)

Incident Description: (Include dates, times, locations, damages, injuries, location of injuries and side of body (left/right).

DO NOT include names. Attach additional pages and add updated actions as necessary.

Sequence of events leading up to/impacting incident, contributing factors:

Provide analysis/recommendations based on any policy violations and/or behavioral, physical, technical contributions:

For Program Staff Use:

Light Duty Days (in field): Light Duty Days (in office): Days Out (non-working):

Will the person return to complete the program? ☐Yes ☐No
☐Due to Illness/Injury ☐Dismissed by Crew Leaders/Staff ☐Voluntarily

Incident Closed? ☐Yes ☐No Date Closed:

Incident needs to be reviewed? ☐Yes ☐No
Incident reviewed by:
Date reviewed:

Incident uploaded to Salesforce? ☐Yes ☐No

Contributary Causes:

☐Unsafe Conditions ☐Unsafe Act ☐Error in Judgment ☐ Communication ☐Other
Comments:

Were policies/procedures and protocols being followed at the time of the incident? ☐Yes ☐No
If No, explain:

Follow-up, Analysis, & Recommendations: