



EXPERIENTIAL
CONSULTING

*Risk Management
- for -
Outdoor Programs*

INCIDENT/NEAR MISS REPORT FORM

Incident

Near Miss

Incident Date:

Incident Time:

(time zone)

Person(s) involved:

Who: Participant Leader Partner Admin/Office/Event

Location:

Incident reported by:

Environment: Urban Frontcountry Backcountry

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
- Bias/micro-aggression

Other:

- Travel Problems
- Family Emergency
- Vehicle Incident

- Property/Equipment Damage
- Early Departure
- Near miss

- Theft
- Issue with Agency/Supervisor
- Other: _____

Program Activity:

- Carrying Equipment
- Tool Sharpening
- Trail work
- Using tools
- Working

- Facilities
- Hiking
- Canoeing/ Aquatic
- Driving/Vehicular
- Training program

- Cooking/Kitchen/Dishes
- Education
- Camping
- Swimming
- Other: _____

Name/Phone of Doctor/Hospital/Clinic:

Have parents been notified:

- Yes No If yes, by whom:

Have partners been notified:

- Yes No

Was the patient evacuated from the field?

- Yes No If no, why?

- Due to Illness/Injury Voluntarily Dismissed by Program

Is the participant returning to the program?

- Yes No

Incident Report Completed by:

Terms of use: This form is intended as a general resource and does not provide operational, medical or legal advice. It does not encompass every possible question or strategy, but is a tool to assist you in formulating your own approach. Using this form does not guarantee that an organization's programs will be safe, or that participating staff or participants will be free from harm.

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