

# Georgia College Outdoor Education Incident Report Form

Accident/Incident Report forms (I/A) are completed by OE Staff or program staff and normally signed by the injured party. Submit this form to the fulltime direct supervisor for review, presentation, and follow up by OE Staff.

**Organization:** Georgia College Outdoor Education

**Program Type:** Academic Class      OC Program (circle one)

**Program Location:** \_\_\_\_\_

**Course/Program Name:** \_\_\_\_\_

**Victim's Name(s):** \_\_\_\_\_

**Age:** \_\_\_\_\_  Male  Female  Staff  Student/Client

**Incident Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_:\_\_\_\_ a.m./p.m.

**Type of Environment.** Check all that apply:

- Lake  River  Ocean  Forest  Cliff  Challenge Course  
 Indoors  Other: \_\_\_\_\_

**Type of Incident.** Check all that apply:

- Near Miss  Illness  Injury  Motivation/Behavioral  Property

Did the patient leave the field?  NO  YES, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, provide the following information:

Evacuation Method:  Unassisted  Walking Assisted  Litter Carry  
 Vehicle  Helicopter  Other: \_\_\_\_\_

Did the patient visit a medical facility?

- NO  YES, Outpatient only  YES, Admitted

Victim returned to the course?  NO  YES, Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Property Damage**  NO  YES.

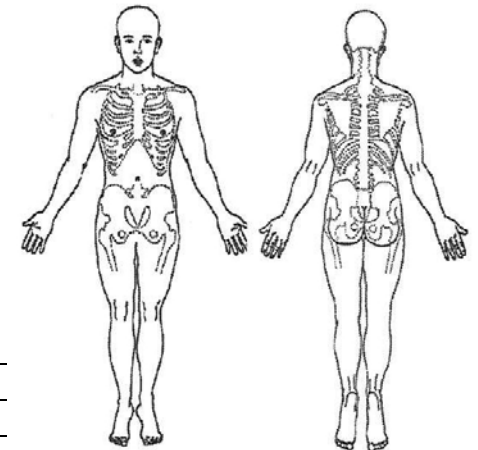
- Vehicle  Equipment  Facility  Other: \_\_\_\_\_

**Type of Illness.** Choose most significant:

- |  |  |
|--|--|
| <input type="checkbox"/> Abdominal pain                  | <input type="checkbox"/> Heat illness              |
| <input type="checkbox"/> Allergic reaction               | <input type="checkbox"/> Hypothermia               |
| <input type="checkbox"/> Altitude illness                | <input type="checkbox"/> Nausea or vomiting        |
| <input type="checkbox"/> Apparent food-related illness   | <input type="checkbox"/> Nonspecific fever illness |
| <input type="checkbox"/> Chest pain or cardiac condition | <input type="checkbox"/> Skin infection            |
| <input type="checkbox"/> Dehydration                     | <input type="checkbox"/> Upper respiratory illness |
| <input type="checkbox"/> Diarrhea                        | <input type="checkbox"/> Urinary tract infection   |
| <input type="checkbox"/> Eye or ear infection            | <input type="checkbox"/> Other (explain)           |
| <input type="checkbox"/> Flu symptoms/"cold"             | _____  |

**Type and Location of Injury.** Select all significant types of injury and mark and label the affected areas on the diagram:

- Athletic Injury (sprain, strain)  
 Dental  
 Eye injury  
 Frostbite  
 Head injury  
 Near drowning or immersion  
 Skeletal (dislocation, fracture)  
 Soft tissue (bruise, burn, blister, wound, abrasion)  
 Sunburn  
 Other (explain)



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Over)

**Type of Activity.** Check the activity at the time of the incident

|  |   |  |  |
|--|---|--|--|
| Land   | Water   | Challenge Course                               | Other  |
| <input type="checkbox"/> Camping                           | <input type="checkbox"/> Swim/Dip                       | <input type="checkbox"/> Group Development     | <input type="checkbox"/> Environmental Education |
| <input type="checkbox"/> Hiking or Backpacking             | <input type="checkbox"/> FW Canoeing                    | <input type="checkbox"/> Low Challenge Course  | <input type="checkbox"/> Service project         |
| <input type="checkbox"/> Bouldering, Climbing , Rappelling | <input type="checkbox"/> WW Canoeing, Kayaking, Rafting | <input type="checkbox"/> High Challenge Course | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Caving                            | <input type="checkbox"/> Kayak Touring                  |  |  |
| <input type="checkbox"/> Biking                            | <input type="checkbox"/> Other (explain) _____          |  |  |
| <input type="checkbox"/> Solo                              | _____   |  |  |

**OE Staff Review:**  
OE Staff will review each Incident/Accident Report. Recommendations from the review are noted here.

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Administrator Review by: \_\_\_\_\_ Position: \_\_\_\_\_

*Print*

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature*

**Narrative:** Provide a thorough description of the incident/accident to present a clear picture of what happened (attach extra pages if necessary).

- 1. Describe the context of the situation leading up to the accident. Address program activities, group dynamics, environment, etc.
- 2. Describe in detail the incident/accident. Provide specific information regarding the situation, extent of injury, mechanism of injury, witness accounts, etc.
- 3. Provide details regarding the immediate response and follow-up to the situation.

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Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Victim's/Witness's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_