



SIERRA CLUB OUTINGS

85 Second Street, Second Floor
San Francisco, CA 94105
Phone: 415-977-5522
Fax: 415-977-5795
outings.sierraclub.org

Angeles Chapter - Sierra Club Incident Report Instructions

Trip leaders are responsible for reporting all incidents and illnesses **immediately** after the outing using this Incident Report Form. Failure to report incidents may jeopardize the leader and the Club. During the time of the incident, use the Patient Report or similar medical field assessment form. You can download both the Incident Report and Patient Report from the following extranet site: <http://clubhouse.sierraclub.org/outings/forms.asp>

NOTE: This form tailored for Angeles Chapter. Form at above URL may be used for Chapter activities if the instructions below are followed.

An Incident Report must be filed for:

- Any incident that requires search, rescue or evacuation.
- Any injury that requires advanced first aid.
- Any injury or illness that could have future complications or require medical attention after the outing (i.e. animal bite, severe sprain).
- Any act of suspected sexual harassment or child abuse.
- Any act that violates the law.
- Any act that results in property damage that could result in a claim.
- Additional Angeles Chapter requirement – [Reports for these additional requirements need not be faxed or sent to National unless requested by Chapter Safety Committee] – Any other incidents involving lost person(s), altitude sickness, hypothermia, problem participant, etc., or reoccurrence of prior condition that requires an emergency response or compromise of the outings objective for all or some participants.

An Incident Report does not need to be filed for:

- Minor injuries such as scratches and blisters.
- Other personal illnesses that will not likely have future complications even if the illness causes the person to leave the trip.

Please fax and mail in the original Incident Report including the following items:

- Sign-in sheet or Participant list
- Original Liability Waiver
- Participant Medical Form and/or Patient Report, if applicable

Please send your report to:

Fax reports to: (415) 977-5795

After faxing, mail reports to: Sierra Club Outings
85 Second Street, 2nd Floor
San Francisco, CA 94105

For Angeles Chapter activities, also mail copy of above to: (1) Sierra Club-Angeles Chapter Office, 3435 Wilshire Blvd, Los Angeles, CA 90010-1904, (2) Ron Campbell (see address in Schedule) for Angeles Chapter Safety Committee, and (3) and (4) the Chair and the Outings Chair of sponsoring Group, Section, or Committee.

Life-threatening incidents/emergencies/fatalities that require rescue or evacuation should be reported immediately by telephone to the Sierra Club Outings Department at:

1-888-OUTINGS (888-688-4647)

or 01-715-852-1701 if calling internationally

This revised Incident report replaces the three-page, carbon copy version. **Please discard any old Incident Reports (formerly known as Sierra Club Accident and Illness Report) and distribute this form to all of your Outings Leaders and administrative offices.**

Sierra Club Incident Report Form

Include the participant's waiver and medical form with this report.

Person making report : _____ Date: ____ / ____ / ____		
Address: _____ Phone: (____) _____		
Outing Details:		
<input type="checkbox"/> National	Trip Number: _____ Subcommittee: _____	
<input type="checkbox"/> Inner City	Outing Name: _____ ICO Group: _____	
<input type="checkbox"/> Local Outings	Outing Name: _____ Chapter/Entity Name: _____	
Leader Name:		
Copy of report sent to: <input type="checkbox"/> Chapter Outings Chair <input type="checkbox"/> Group Chair <input type="checkbox"/> Chapter Chair <input type="checkbox"/> ICO Group Chair <input type="checkbox"/> Group Outings Chair <input type="checkbox"/> Subcommittee Chair	Chair name and phone number: _____ _____	
Identity of ill, injured, or affected person:		
Name: _____	Age (check one): <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 60 - 69	
Address: _____	<input type="checkbox"/> Under 18 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 70 - 79	
Phone: (____) _____	<input type="checkbox"/> 18 - 29 <input type="checkbox"/> 50-59 <input type="checkbox"/> 80 +	
	<input type="checkbox"/> Female <input type="checkbox"/> Male Height: _____ Weight _____	
	Sierra Club member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family of injured contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____		
Family contact: _____	Relationship: _____	
Address: _____	Phone: (____) _____	
Public agencies contacted regarding this incident:		
Date: _____ / ____ / ____ am pm	Agency: _____	
Location: _____	Contact: _____	
By: _____	Phone: (____) _____	
Evacuation / Search & Rescue The incident required:		
<input type="checkbox"/> Immediate evacuation <input type="checkbox"/> Assistance (search & rescue) <input type="checkbox"/> Neither <input type="checkbox"/> Continued outing <input type="checkbox"/> Ended outing early		
Names of all other witnesses or persons involved in the evacuation or search and rescue:		
Name: _____	Address: _____	Phone: _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Incident Details																	
Date of Incident: ___ / ___ / ___ Time ___:___ am pm	Weather Conditions:																
Location:																	
Brief factual description of injury or illness:	First aid provided (including any medication):																
	By whom:																
Provide full description of the incident including preceding events and conditions, and all measures taken after the incident. Do not state any opinions regarding the cause (use additional sheets if necessary).																	
<p>Activity participant was doing when incident occurred</p> <table border="0"> <tr> <td><input type="checkbox"/> Car Camping</td> <td><input type="checkbox"/> In camp</td> <td><input type="checkbox"/> River activity: kayak raft canoe</td> <td><input type="checkbox"/> Sledding</td> </tr> <tr> <td><input type="checkbox"/> Cycling</td> <td><input type="checkbox"/> International trip</td> <td><input type="checkbox"/> Skiing: x-country alpine</td> <td><input type="checkbox"/> Service Trip</td> </tr> <tr> <td><input type="checkbox"/> Hiking</td> <td><input type="checkbox"/> Kayaking: sea lake</td> <td></td> <td><input type="checkbox"/> Swimming</td> </tr> <tr> <td><input type="checkbox"/> Hiking with pack</td> <td><input type="checkbox"/> Mountaineering</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Car Camping	<input type="checkbox"/> In camp	<input type="checkbox"/> River activity: kayak raft canoe	<input type="checkbox"/> Sledding	<input type="checkbox"/> Cycling	<input type="checkbox"/> International trip	<input type="checkbox"/> Skiing: x-country alpine	<input type="checkbox"/> Service Trip	<input type="checkbox"/> Hiking	<input type="checkbox"/> Kayaking: sea lake		<input type="checkbox"/> Swimming	<input type="checkbox"/> Hiking with pack	<input type="checkbox"/> Mountaineering		<input type="checkbox"/> Other:
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I have supplied the confidential information requested above for the Sierra Club, its insurance company, and its attorneys.

Signed _____

Date _____

Email reports to: local.outings@sierraclub.org
Fax Report to: (415) 977-5795

After emailing or faxing, mail original report, medical forms & participant waivers to:
 Sierra Club Outings
 85 Second Street, 2nd Floor
 San Francisco, CA 94105