University of Minnesota Duluth - Recreational Sports Outdoor Program

Incident Report Form

Program/Activity ___________________________________________ Today’s Date____________
Activity Leader(s) ___________________________________________ Group size________________

Patient Information
Name_____________________________________ Age_______ Male or Female (circle one)
Address_________________________________________________________________ State_____ Zip___________
Phone number(s)___________________________ e-mail__________________________________

Incident Information
Type of Incident (circle one): Near Miss Injury Illness Other
Type of injury or illness ________________________________________________
(examples: sprain, burn, bruise/contusion, fever, vomiting, dislocation, rash, blister, laceration, respiratory, hypothermia, head injury, etc.)

Location of Injury on patient____________________________________________
Date of Incident_______________ Time of Day____________ Day of Course____________
Weather: Precipitation___________ Wind (mph)_______ Temperature_______ Visibility__________
Type of Terrain__________________________ Specific activity____________________________
Surface condition (circle): wet dry snow ice trail water rock uneven flat sloped
Geographical Location _________________________________State_____ County_____________
Property Damage: yes no (vehicle, equipment, personal)______________________________
Witnesses (names, phone numbers)______________________________________________

Narrative: Please write a detailed description of the incident and the factors that led up to it. Include names, times, statements, contributing factors, witnesses, treatment and follow-up. Attach any photos or witness statements. Continue on additional sheets if needed.

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(Please complete the back of this form)
**Medical Treatment** (please check and describe all that apply):

___ first aid given by whom: ____________________________

___ instructor recommended patient seek medical care and/or follow-up. Initials__________

___ medications administered Type ___________________ Amount_______ By_____________

___ EMS (911 - ambulance) called by whom____________________________

___ patient was driven to hospital/emergency room (not by ambulance) by __________________

___ patient was evacuated from a course. How many days lost from course?_____________

**Follow-up:** (please attach additional sheets of paper if needed to document follow-up.)

Date Condition of Patient / Injury Treatment Given Initials

**Analysis:** Instructor and supervisor should discuss the incident and write comments as soon as possible after it happens. Include any recommendations for changes in policy, procedures or training.

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(Attach physician’s report if the patient was examined by one. If possible, take photographs of the scene of a serious injury or death. Attach any photos or witness statements to this report.)

Report Prepared by________________________________________ Date_________________

Reviewed by Supervisor____________________________________ Date_________________

Program Manager review___________________________________ Date_________________

Actions taken on recommendations___________________________ Date_________________

Contact your supervisor to review this report with you as soon as you are finished with your course.