

# Outdoor Education/Recreation Incident Report

Notes: Fields marked in **red** with \* are compulsory fields.

Please ✓ as applicable in fields below.

## 1. General Incident Information

Incident report # (from database) \_\_\_\_\_

<b>Severity rating*:</b> actual* ____ potential* ____ (see severity scale)	<b>Region*</b> Eg. Southland, Taranaki:	
<b>Location of incident*</b> (The general area e.g. Tongariro Nat Park):		
<b>Grid reference:</b>	<b>Date of incident*:</b>	<b>Time*</b> (24 hr, e.g. 2pm = 1400) : .....
<b>Incident type*</b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Psychological/emotional <input type="checkbox"/> Equipment loss/damage <input type="checkbox"/> Fatality <input type="checkbox"/> Missing/overdue <input type="checkbox"/> Near Miss	<b>Weather at time of incident*</b> Fine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet Hot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold Calm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windy  <b>No. of people involved*</b> _____	<b>Communications used</b> <input type="checkbox"/> Mountain radio <input type="checkbox"/> Flare <input type="checkbox"/> VHF radio <input type="checkbox"/> Locator beacon <input type="checkbox"/> Mobile phone <input type="checkbox"/> Messenger (person) <input type="checkbox"/> Satellite phone <input type="checkbox"/> n/a <input type="checkbox"/> Avalanche transceiver <input type="checkbox"/> Other _____
<b>Narrative*</b> - general description of incident what happened. ..... ..... ..... ..... ..... .....		

## 2. Information on person/s involved in incident. (Complete for each person. More names? Add to a separate sheet)

First name: Last name: <b>Age*:</b> <b>Gender*:</b> M F <b>Ethnicity*:</b> <input type="checkbox"/> NZ <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Is. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown <b>Evacuation Method*:</b> <input type="checkbox"/> Walked out <input type="checkbox"/> Stretcher <input type="checkbox"/> Vehicle <input type="checkbox"/> Helicopter <input type="checkbox"/> Boat <input type="checkbox"/> n/a  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Injury type *</b></td> <td style="width: 50%;"><b>Illness type*</b></td> </tr> <tr> <td><input type="checkbox"/> Burn</td> <td><input type="checkbox"/> Abdominal problem</td> </tr> <tr> <td><input type="checkbox"/> Blister</td> <td><input type="checkbox"/> Allergic reaction</td> </tr> <tr> <td><input type="checkbox"/> Bruise</td> <td><input type="checkbox"/> Altitude illness</td> </tr> <tr> <td><input type="checkbox"/> Concussion</td> 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### 3. Activity Information

Activity\* (Choose the most appropriate activity the person was engaged in at time of incident)

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Abseiling                   | <input type="checkbox"/> Horse riding                | <input type="checkbox"/> River crossing | <input type="checkbox"/> Surfing     |
| <input type="checkbox"/> Bungy Jumping               | <input type="checkbox"/> Hunting                     | <input type="checkbox"/> Rock climbing  | <input type="checkbox"/> Swimming    |
| <input type="checkbox"/> Camping                     | <input type="checkbox"/> Initiatives                 | <input type="checkbox"/> Ropes          | <input type="checkbox"/> Tramping    |
| <input type="checkbox"/> Canoeing                    | <input type="checkbox"/> Kayaking                    | <input type="checkbox"/> Sailing        | <input type="checkbox"/> Tubing      |
| <input type="checkbox"/> Caving                      | <input type="checkbox"/> Land yachting               | <input type="checkbox"/> Sea kayaking   | <input type="checkbox"/> Vehicle     |
| <input type="checkbox"/> Community service           | <input type="checkbox"/> Mountain biking             | <input type="checkbox"/> Skiing         | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Cooking                     | <input type="checkbox"/> Mountaineering              | <input type="checkbox"/> Snowboarding   | <input type="checkbox"/> Waterskiing |
| <input type="checkbox"/> Cycling                     | <input type="checkbox"/> Multisport/adventure racing | <input type="checkbox"/> Snow caving    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Field trip: (specify) _____ | <input type="checkbox"/> Orienteering/Rogaining      | <input type="checkbox"/> Snorkelling    |                                      |
| <input type="checkbox"/> Free time                   | <input type="checkbox"/> Rafting                     | <input type="checkbox"/> Solo           |                                      |

Activity Duration\*

\_\_\_\_\_ Hours  
e.g. 3 1/2 days = 84 hours

Number of people involved\*

\_\_\_\_\_ Participants e.g. students  
\_\_\_\_\_ Volunteer helpers e.g. parent help  
\_\_\_\_\_ Qualified instructors  
\_\_\_\_\_ Supervisors e.g. teachers, youth leaders

Was this an EOTC incident? YES NO

Curriculum area (schools only)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> English     | <input type="checkbox"/> Technology      |
| <input type="checkbox"/> Languages   | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Arts            |
| <input type="checkbox"/> Science     | <input type="checkbox"/> Health & PE     |

### 4. Activity Leader (Choose leader most in charge of the group that had the incident)

Was there a leader\*? YES NO UNKNOWN (If no, or unknown, go to 5.)

First name:

Last name:

Age\*: \_\_\_\_\_

Gender\*: M F

UNKNOWN

UNKNOWN

Does the activity leader have relevant activity qualifications\*?

YES NO UNKNOWN

Leader's experience level\*: 1 2 3 4 5 6 UNKNOWN  
(1= Inexperienced,- 6 = Highly experienced)

### 5. Equipment involved in incident

Vehicles, property, gear, equipment damaged, equipment lost etc.

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.....

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.....

.....

.....

### 6. Causal Factors

People*	Equipment*	Environment*
<p><b>Leader/s</b></p> <input type="checkbox"/> Poor physical condition <input type="checkbox"/> Poor mental condition <input type="checkbox"/> Poor emotional condition <input type="checkbox"/> Poor health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Judgement error <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Failure to follow policies <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<p><b>Participant/s</b></p> <input type="checkbox"/> Poor physical condition <input type="checkbox"/> Poor mental condition <input type="checkbox"/> Poor emotional condition <input type="checkbox"/> Poor health – hygiene or medical <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Inadequate training/experience <input type="checkbox"/> Incorrect technique <input type="checkbox"/> Failure to follow instructions <input type="checkbox"/> Unsafe act <input type="checkbox"/> Improper motivation <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a	<input type="checkbox"/> No equipment <input type="checkbox"/> Wrong equipment <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Poor design <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a
<input type="checkbox"/> Adverse weather <input type="checkbox"/> Poor visibility/dark <input type="checkbox"/> Terrain <input type="checkbox"/> Water <input type="checkbox"/> Animal/insect/plant <input type="checkbox"/> Other _____ <input type="checkbox"/> n/a		

Explain in detail what you think caused the incident:

.....

.....

.....

.....

.....

.....

Hand form into your organisation's administrator for input to the National Incident Database – Thank you.

For further copies go to [www.incidentreport.org.nz](http://www.incidentreport.org.nz)