Incident Report Form

Refer to the NZAC Safety Plan

# General Incident Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Time:** |  |
| **Location:**Grid reference, altitude etc. |  |
| **Incident Type:** | □ Injury□ Illness□ Psychological/emotional□ Equipment loss/Damage□ Fatality□ Missing/ Overdue□ Near Miss□ New Hazard | **Weather at time of incident:**SituationSky conditionWindTemperature (FAFL) |  |
| **Number of people involved:** |  | **External assistance sought:** | □ Cell phone (Police or RCC)□ PLB□ Satellite Communicator (e.g. Inreach or Spot)□ Satellite Phone□ Hut Radio□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Further Information on person(s) involved

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Ethnicity:** |  | **Gender:** |  |
| **Onsite medical attention required:** |  | **Evacuation required:**Method |  |
| **Further medical attention required:** |  | **Impact on activity:** |  |
| **Injury or illness:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Ethnicity:** |  | **Gender:** |  |
| **Onsite medical attention required:** |  | **Evacuation required:**Method |  |
| **Further medical attention required:** |  | **Impact on activity:** |  |
| **Injury or illness:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Ethnicity:** |  | **Gender:** |  |
| **Onsite medical attention required:** |  | **Evacuation required:**Method |  |
| **Further medical attention required:** |  | **Impact on activity:** |  |
| **Injury or illness:** |  |

# Activity Information

|  |  |
| --- | --- |
| **NZAC Event:** | Section Trip / Section Meet / Volunteer Instruction / Professional Instruction |
| **Activity Leader:** |  |
| **Activity:** | □ Abseiling□ Rock climbing□ Mountaineering□ Instruction□ Ski / Splitboard Touring□ Avalanche Education□ Trekking□ Road vehicle accident□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Activity Duration:** |  |

# Equipment Involved

|  |
| --- |
| Vehicles, property, equipment, equipment damaged, equipment lost: |

# Narrative

|  |
| --- |
| General description of events leading up to and including the incident |

# Causal Factors (to be completed in consultation with Programme Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Leader(s)** | **Participants** | **Equipment** | **Environment** |
| □ Inadequate condition: physical/ mental/emotional□ Inadequate health (hygiene or medical)□ Pre-existing conditions□ Judgement error□ Inadequate supervision□ Inadequate training/ experience□ Failure to follow policies□ Improper motivation□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Inadequate condition: physical/ mental/emotional□ Inadequate health (hygiene or medical)□ Pre-existing conditions□ Judgement error□ Inadequate supervision□ Inadequate training/ experience□ Failure to follow policies□ Improper motivation□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ No equipment□ Wrong equipment□ Faulty equipment□ Inadequate design□ N/A □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Adverse weather□ Inadequate visibility/darkness□ Terrain□ Surface condition□ Avalanche□ Water□ Animal/ Insect / Plant□ N/A□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explain in detail what caused the incident. Include any suggestions, observations or recommendations regarding the incident. |

# Recommendations and Follow Up (to be completed by Programme Manager / General Manager)

|  |  |  |
| --- | --- | --- |
|  | **Details** | **Completed** |
| **Programme Manager preliminary investigation:** |  |  |
| **Further investigation required:** |  |  |
| **Reported to Board (responsibility General Manager):** |  |  |
| **Updates to Safety Management Systems:** |  |  |
| **Further Actions:** |  |  |

Please complete and return to NZAC Programme Coordinator (instruction@alpineclub.org.nz as soon as is practicable.