Yukon
Education

INCIDENT REPORT
APPENDIX / FORM #12

People Involved:							
School:				Staff Member in Charge:			
Assisting Staff Members/Chaperones:							
Person Directly Involved Name:			Age:	Grade:	☐ M ☐ F		
Parent/Guardian Contacted: ☐ Yes ☐ No							
Parent/Guardian Address:							
Contact Phone Number:		E-mail Address (optional):					
When and Where:							
Date of Incident:				Time of Incident:			
Location of Incident:				Grid Ref. Point if available:			
Type of Trip:			Length of Trip:				
Type of Activity:							
☐ Canoeing	☐ Kayaking			☐ Rafting		☐ Hiking	
☐ Biking	☐ Snowshoeing			☐ Cross-Country Skiing		☐ River Crossing	
☐ Snowmobiling	☐ Dog Sledding			☐ Rock Climbing		☐ Hunting	
☐ Fishing	☐ Camping			☐ Cooking		☐ Transportation	
☐ Field Studies	☐ Game			☐ Ropes Course		☐ Swimming	
☐ Downhill Skiing/Snowboarding				☐ Other:			
Surface Condition: (Choose the 2 most significant)							
☐ Wet	☐ Dry	☐ Snow	☐ Ice	☐ Trail	☐ Rocky	☐ Uneven	☐ Flat
☐ Other:				☐ Sloped	☐ Flat Water	☐ Moving Water	
Weather Condition:							
Approx. Temperature:		Wind Speed:		Precipitation:			
Additional Weather Information:							
Type of Incident (Choose most appropriate)							
☐ Injury	☐ Illness			☐ Behavioural		☐ Near Miss	
☐ Discharge of Firearm	☐ Property Damage			☐ Equipment Damage		☐ Trip Contingency Plan Used	
☐ Lost Person(s)	If so, how many hours:			☐ Other:			
Evacuation Method:							
☐ Walking Assisted	☐ Group Carry			☐ Vehicle		☐ Helicopter/Plane	
☐ Assisted Boat	☐ Rescue Boat			☐ Snowmobile		☐ N/A	
☐ Other:							
Did the patient visit a medical facility? ☐ Yes ☐ No				☐ Outpatient? ☐ Admitted?			
Type of Injury (Choose most appropriate)							
☐ Blisters	☐ Burn			☐ Dental Dislocation		☐ Eye Injury	
☐ Fracture	☐ Frostbite	☐ Head	☐ Injury (Change in LOC)	☐ Head Injury (No change in LOC)		☐ Sunburn	
☐ Immersion Foot	☐ Ligament Sprain			☐ Muscle Sprain		☐ Tendonitis	
☐ Near Drowning or Immersion		☐ Soft Tissue (bruise, wound, abrasion				☐ N/A	
☐ Other:							

Anatomical Location of Injury (Choose most appropriate)			
☐ Abdomen	☐ Ankle	☐ Chest	☐ Elbow
☐ Eye	☐ Face	☐ Foot	☐ Forearm
☐ Hand/Fingers	☐ Head	☐ Hip	☐ Knee
☐ Lower Back	☐ Lower Leg	☐ Neck	☐ Pelvis
☐ Shoulder	☐ Thigh	☐ Toe	☐ Wrist
☐ Upper Back	☐ Upper Arm	☐ N/A	
☐ Other:			

Type of Illness (Choose most appropriate)			
☐ Abdominal Pain	☐ Allergic Reaction	☐ Altitude Illness	☐ Diarrhea
☐ Apparent Food Related Illness	☐ Non-specific Fever/Illness	☐ Chest Pain or Cardiac Condition	
☐ Urinary Tract Infection	☐ Flu/Cold	☐ Heat Illness	☐ Hypothermia
☐ Nausea or Vomiting	☐ Skin Infection	☐ Upper Respiratory Illness	☐ N/A
☐ Other			

Contributing Factors (Choose only those that apply and rank as 1=low contribution, 10=high contribution)			
[ ] Attitude	[ ] Avalanche	[ ] Animal Encounters	[ ] Carelessness
[ ] Cold Exposure	[ ] Dehydration	[ ] Equipment	[ ] Exceeded Ability
[ ] Exhaustion	[ ] Sunburn	[ ] Fall on Snow	[ ] Fall/Slip on Trail
[ ] Falling Tree/Branch	[ ] Fitness/Ability	[ ] Hygiene	[ ] Instruction
[ ] Missing/Lost	[ ] Misbehaviour	[ ] Overuse Injury	[ ] Technique
[ ] Inattention	[ ] Psychological Issue	[ ] Rock Fall	[ ] Screening
[ ] Supervision	[ ] Weather	[ ] Loose Rock (not rockfall)	
[ ] Technical System Failure		[ ] Not Following Instructions	
[ ] Plant Poisoning/Toxicity/Contact		[ ] Pre-existing Medical Condition	
[ ] Immersion/Submersion		[ ] Unknown	

Other (Explain):

Narrative: Describe the incident/hazard and provide details; distances, times, sizes, sequences of events etc., to present a clear picture of the incident, the first aid administered and the action taken.

Analysis: Include any suggestions, observations or recommendations regarding the incident/hazard. Why did it happen? Follow up care and any diagnosis or other outcomes.

Person Completing this Report (print):	Date:	Signature:
Name of Administrator (print):	Date:	Signature:

Once you have completed this form you need to e-mail it to the Off-Site Review Committee for trend analysis in order to assist in mitigating risks. You also need to print this form, sign it and give it to your Principal.

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