

**Incident Number** (Staff Complete):

## BE SURE TO FILL OUT ALL APPLICABLE FIELDS BELOW

## **INCIDENT REPORT FORM**

Program & Region:	Site Name:	
Name of Person Involved:	Date of Incident:Time of Incident:	
□Crew Member □Leader □Individual Placement □Staff □Entire Crew □Other:	Under 18	
Area/location of incident:	Backcountry Front Country Office/Shop	
Conditions (weather, terrain):		
Name of Conservation Legacy Staff Contact:		
Name of Person Completing Report: Date report completed:		
<b>Incident Threshold Level</b> :  1  2  3  4  5		
Activity: Work related Camp Related Hiking Recreation De-rig/Rig-up Driving Other (Explain):		
Incident Category:  Injury  Illness  Close Call  Vehicle  Environmental  Behavioral  Mental Health Public/Partner  Other (Explain):		
<b>Type of Incident:</b> Wound Burn Sprain/Strain Ache	/Pain □Allergy □Infection □Bite/sting □Environmental	
$\Box$ Gastrointestinal $\Box$ Respiratory $\Box$ Harassment $\Box$ Discrimination $\Box$ Vehicle $\Box$ Theft $\Box$ Policy Violation		
🗆 Behavioral 🛛 🗆 Mental Health 🖓 Interpersonal 🖓 Other (Explain):		
Did individual miss work:  No Yes, but stayed in field Yes, and left field		
Did individual seek medical care:  No  Yes, day of incident  Yes, after returning home  Unknown		
If individual sought medical care:  Received outpatient service  Was admitted for care		
Was a Workers Comp report filed: <ul> <li>No</li> <li>Yes, with 48 hours</li> <li>Yes, within 30 days</li> <li>Unknown</li> </ul>		

Incident Description: (Include dates, times, locations, damages, injuries, location of injuries and side of body (left/right). **DO NOT include names**. Attach additional pages and add updated actions as necessary.

Sequence of events leading up to/impacting incident, contributing factors:

Provide analysis/recommendations based on any policy violations and/or behavioral, physical, technical contributions:

For Program Staff Use:			
Light Duty Days (in field):	ight Duty Days (in office):	Days Out (non-working):	
Will the person return to complete the program?          \[			
Incident Closed?   Yes  No Date	e Closed:		
Incident needs to be reviewed?  Yes  No Incident reviewed by: Date reviewed:			
Incident uploaded to Salesforce?			
Contributary Causes:			
□Unsafe Conditions □Unsafe Act □ Comments:	Error in Judgment	□Other	
Were policies/procedures and protocols being followed at the time of the incident?			
Follow-up, Analysis, & Recommendations:			