



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, 18 and Over

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:

Form with multiple rows for Incident Threshold Level, Activity, Incident Category, Type of Incident, Did individual miss work, Did individual seek medical care, If individual sought medical care, Was a Workers Comp report filed.

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):

Light Duty Days (in office):

Days Out (non-working):

Will the person return to complete the program? Yes No

Due to Illness/Injury

Dismissed by Crew Leaders/Staff

Voluntarily

Incident Closed? Yes No

Date Closed:

Incident needs to be reviewed? Yes No

Incident reviewed by:

Date reviewed:

Incident uploaded to Salesforce? Yes No

**Contributory Causes:**

Unsafe Conditions Unsafe Act Error in Judgment Communication Other

Comments:

Were policies/procedures and protocols being followed at the time of the incident? Yes No

If No, explain:

**Follow-up, Analysis, & Recommendations:**