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## **Sierra Club Incident Report Instructions**

**Trip leaders are responsible** for reporting all incidents and illnesses **immediately** after the outing using this Incident Report Form. Failure to report incidents may jeopardize the leader and the Club. During the time of the incident, use the Patient Report or similar medical field assessment form. You can download both the Incident Report and Patient Report from the following extranet site: **<http://clubhouse.sierraclub.org/outings/forms.asp>**

### **An Incident Report must be filed for:**

- Any incident that requires search, rescue or evacuation.
- Any injury that requires advanced first aid.
- Any injury or illness that could have future complications or require medical attention after the outing (i.e. animal bite, severe sprain).
- Any act of suspected sexual harassment or child abuse.
- Any act that violates the law.

### **An Incident Report does not need to be filed for:**

- Minor injuries such as scratches and blisters.
- Other personal illnesses that will not likely have future complications even if the illness causes the person to leave the trip.

### **Please fax and mail in the original Incident Report including the following items:**

- Sign-in sheet or Participant list
- Original Liability Waiver
- Participant Medical Form and/or Patient Report, if applicable

### **Please send your report to:**

Fax reports to: (415) 977-5795

After faxing, mail reports to: Sierra Club Outings  
85 Second Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94105

Life-threatening incidents/emergencies/fatalities that require rescue or evacuation should be reported immediately by telephone to the Sierra Club Outings Department at:

**1-888-OUTINGS** (888-688-4647)  
or 01-715-852-1701 if calling internationally

This revised Incident report replaces the three-page, carbon copy version. **Please discard any old Incident Reports (formerly known as Sierra Club Accident and Illness Report) and distribute this form to all of your Outings Leaders and administrative offices.**

# Sierra Club Incident Report Form

Include the participant's waiver and medical form with this report.

Person making report : _____ Date: ____ / ____ / ____		
Address: _____ Phone: ( ____ ) _____		
<b>Outing Details</b>		
National	Trip Number: _____ Subcommittee: _____	
Inner City	Outing Name: _____ ICO Group: _____	
Local Outings	Outing Name: _____ Chapter/Entity Name: _____	
<b>Leader Name:</b> _____		
<b>Copy of report sent to:</b>	<b>Chair name and phone number:</b>	
Chapter Outings Chair      Group Chair	_____	
Chapter Chair              ICO Group Chair	_____	
Group Outings Chair      Subcommittee Chair	_____	
<b>Identity of ill, injured, or affected person:</b>		
Name: _____	Age (check one):      30 - 39      60 - 69	
Address: _____	Under 19      40 - 49      70 - 79	
Phone: ( ____ ) _____	20 - 29      50-59      80 +	
	Female    Male    Height: _____    Weight _____	
	Sierra Club member?    Yes    No	
<b>Family of injured contacted?</b> Yes    No    If yes, by whom? _____		
Family contact: _____	Relationship: _____	
Address: _____	Phone: ( ____ ) _____	
<b>Public agencies contacted regarding this incident:</b>		
Date: _____ / ____ / ____ am pm	Agency: _____	
Location: _____	Contact: _____	
By: _____	Phone: ( ____ ) _____	
<b>Evacuation / Search &amp; Rescue</b> The incident required:		
Immediate evacuation    Assistance (search & rescue)    Neither    Continued outing    Ended outing early		
<b>Names of all other witnesses or persons involved in the evacuation or search and rescue:</b>		
Name: _____	Address: _____	Phone: _____
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____

<b>Incident Details</b>			
Date of Incident: ___ / ___ / ___ Time ___:___ am pm		Weather Conditions:	
Location:			
Brief factual description of injury or illness:		First aid provided (including any medication):	
		By whom:	
Provide full description of the incident including preceding events and conditions, and all measures taken after the incident. Do not state any opinions regarding the cause (use additional sheets if necessary).			
Activity participant was doing when incident occurred			
Car Camping	In camp	River activity: kayak raft canoe	Sledding
Cycling	International trip	Skiing: x-country alpine	Service Trip
Hiking	Kayaking: sea lake		Swimming
Hiking with pack	Mountaineering		Other:

I have supplied the confidential information requested above for the Sierra Club, its insurance company, and its attorneys.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Fax Report to:** (415) 977-5795

**Mail original Report, medical forms & participant waiver to:** Sierra Club Outings  
85 Second Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94105

This report is intended to be confidential for transmission to and use by Sierra Club attorneys for litigation arising out of claims.