



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, 2nd 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: (____) _____

Outing Details

National Trip Number: _____ Subcommittee: _____
 Inner City Outing Name: _____ ICO Group: _____
 Local Outings Outing Name: _____ Chapter/Entity Name: _____

Leader Name:

Copy of report sent to:

Chapter Outings Chair Group Chair
 Chapter Chair ICO Group Chair
 Group Outings Chair Subcommittee Chair

Chair name and phone number:

Identity of ill, injured, or affected person:

Name: _____ Address: _____ Phone: (____) _____
 Age (check one): 30 - 39 60 - 69
 Under 19 40 - 49 70 - 79
 20 - 29 50-59 80 +
 Female Male Height: _____ Weight _____
 Sierra Club member? Yes No

Family of injured contacted? Yes No If yes, by whom? _____

Family contact: _____ Relationship: _____
 Address: _____ Phone: (____) _____

Public agencies contacted regarding this incident:

Date: _____ / _____ / _____ am pm Agency: _____
 Location: _____ Contact: _____
 By: _____ Phone: (____) _____

Evacuation / Search & Rescue The incident required:

Immediate evacuation Assistance (search & rescue) Neither Continued outing Ended outing early

Names of all other witnesses or persons involved in the evacuation or search and rescue:

Name:	Address:	Phone:
_____	_____	_____ (____) _____
_____	_____	_____ (____) _____
_____	_____	_____ (____) _____
_____	_____	_____ (____) _____

Incident Details			
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, 2nd 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.