

# APPALACHIAN MOUNTAIN CLUB

- Facility  
 Chapter Activity

## VOLUNTEER ACCIDENT/INCIDENT REPORT FORM

Subject Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female (*circle one*)  
Subject Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_(\_\_\_\_)\_\_\_\_\_ Activity/Facility: \_\_\_\_\_  
Date/Time of Incident \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
Trip Leader: \_\_\_\_\_

### WEATHER

Temp:(F)\_\_\_\_\_ Precip:\_\_\_\_\_ Wind:(mph)\_\_\_\_\_ Visibility:\_\_\_\_\_

### TYPE OF INCIDENT

(Check One)

- Injury  
 Illness  
 Other

Outcomes of Incident:

1. Did subject leave activity, facility or event? Yes/no Date:\_\_\_\_\_
2. Was outside assistance used? Yes/No Date:\_\_\_\_\_
3. Did subject go to a medical facility? Yes/No Date:\_\_\_\_\_
4. Did subject return to activity or facility? Yes/ No Date:\_\_\_\_\_

### LOCATION OF INJURY

- Head Eyes Face Mouth Neck Shoulder  
Chest Upper Back Lower Back Abdomen  
 Pelvic Area/Hips Genitalia Upper Arm Elbow  
Lower Arm Wrist Hand Finger Buttock  
Upper Leg Lower Leg Knee Ankle Foot Toe

Circle One, Patient's : Right / Left / Midline of Body

### RESPONSE

Were bodily fluids spilled? YES / NO

If yes, were universal precautions followed? YES / NO

(See below )

### ACTIVITY AT TIME OF INCIDENT

\_\_ Sailing      \_\_ Road Biking      \_\_ Downhill Skiing      \_\_ Whitewater Kayaking  
\_\_ Cooking      \_\_ Ice Climbing      \_\_ Group Initiative      \_\_ Whitewater Canoeing  
\_\_ Camping      \_\_ Backpacking      \_\_ Winter Camping      \_\_ Winter Mountaineering  
\_\_ Day Hike      \_\_ Snowshoeing      \_\_ Mountain Biking      \_\_ Technical Rock Climbing  
\_\_ Trail Work      \_\_ Sea Kayaking      \_\_ Backcountry Skiing      \_\_ Social Event (dinner, movie etc)  
\_\_ X/C Skiing      \_\_ Vehicle Travel      \_\_ Flatwater Canoeing

\_\_ Other: \_\_\_\_\_

### Universal Precautions re Blood and Bodily Fluids

- Use impermeable gloves if blood or body fluids containing visible blood are anticipated.
- Stop the bleeding, cover the wound and change the uniform if contaminated with excessive amounts of blood.
  - Wash hands and skin after contact with blood.
  - Clean any surfaces or equipment with appropriate disinfectant and clean clothes or skin with soap and water or an appropriate antiseptic.
  - Use proper disposal procedures for contaminated clothing and equipment.
  - Use a ventilation device for emergency resuscitation.
  - Avoid direct contact with patient if you have an open skin condition.
  - Follow accepted guidelines for control of bleeding and for any body fluids containing visible blood.
  - Encourage all participants to use individual water bottles.

~ CONTINUED ON REVERSE ~

**Appalachian Mountain Club Volunteer Accident/Incident Report Form**

Subject Name: \_\_\_\_\_

**Narrative:** In the following space please provide a brief, factual account of this accident.

Describe any and all symptoms of injury and/or illness that subject exhibited

Describe your response to the accident and/or your treatment of the patient.

Attach any patient care forms, **Search and Rescue** (SAR) forms, and/or photos.

Report Prepared By: \_\_\_\_\_ Position: \_\_\_\_\_

Witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outside Agencies Involved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Report written: \_\_\_\_\_

**TRIP PARTICIPANTS**

**Narrative:** Provide an account of your involvement in this accident.

**(Additional participants who can provide additional information should attach their narrative on a separate piece of paper)**

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When completed, send copy to:**

**AMC Staff**

Leadership Training and Risk Management Manager (Aaron Gorban AMC General Delivery Route 302  
Bretton Woods NH 03575 [agorban@outdoors.org](mailto:agorban@outdoors.org))

**Provide Additional Copy to:**

Sponsoring Committee Chair \_\_\_\_\_ Chapter Chair \_\_\_\_\_ and/or Facility Safety Committee \_\_\_\_\_