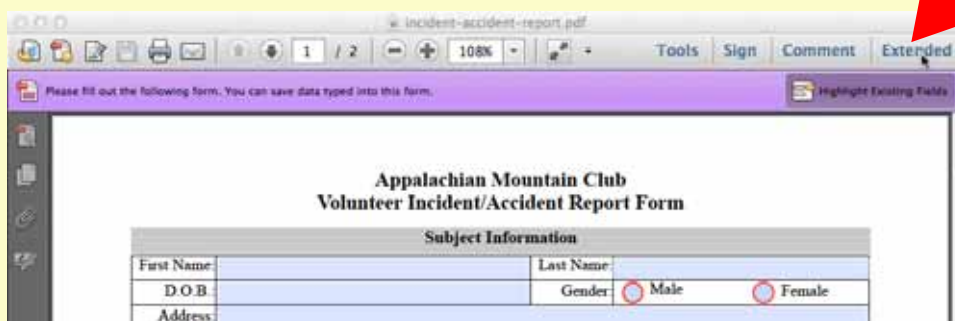


Directions

To fill out this form electronically, open it using the free *Adobe Reader*. Click on the **Extended** tab at the top. A side bar will open.



If you don't see the **Extended** tab, just go to step 2.

1. Choose **Add or Edit Text Box**. A typewriter bar may appear. Close it or ignore it.
2. Fill out the form, typing in the entry areas, or checking off the boxes as appropriate. You can save the form at any time, and your entered data will be retained. From the top menu bar, use **File > Save As > PDF...** and give the file a name.
3. When the report is complete, type your name in the signature field, or sign it using one of the electronic signatures in the side bar. Save the file and e-mail it to:

Agorban@outdoors.org and to your Chapter Chair, the Activity Chair and the Facility Chair, if an AMC facility is involved. You should keep a copy of the file for yourself.

To fill out this form on paper, print the second and third pages, fill them out and mail a copy to

Aaron Gorban
AMC Highland Center
General Delivery Route 302
Bretton Woods, NH 03575

Also send copies to your Chapter Chair, the Activity Chair and the Facility Chair, if an AMC facility is involved. You should keep a copy for yourself.

You can also fill out the printed form, scan it and e-mail it.

Appalachian Mountain Club Volunteer Incident/Accident Report Form

Subject Information			
First Name:		Last Name:	
D.O.B.:		Gender:	Male Female
Address:			
Zip Code:		Phone:	

General Trip Information			
Leader:		Trip Name:	
Location:		Activity Type:	

Information Pertaining to the Specific Incident Described in this Report			
Date:		Time:	
Temp.:		Precip.:	
Wind (mph):		Visibility:	
Type:		Activity:	
Did subject leave activity?		If yes, date:	
If yes, did subject return?		If yes, date:	
Did outside help come to scene?		If yes, date:	
Did subject go to medical facility?		If yes, date:	
Location of Injury (if applicable):	<input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis/Hips <input type="checkbox"/> Genitalia <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Lower Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Buttock <input type="checkbox"/> Upper Leg <input type="checkbox"/> Lower Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe		
Orientation of Injury (if applicable):	<input type="checkbox"/> Left <input type="checkbox"/> Midline <input type="checkbox"/> Right		
Were body fluids spilled?		If yes, were universal precautions taken?	

Common Universal Precautions:

- Use of impermeable gloves if blood or other body fluids are spilled
- Washing hands and exposed skin after contact with body fluids
- Use of a ventilation device for emergency resuscitation

Information Pertaining to Use of Outside Agencies
If outside agencies such as Search and Rescue (SAR) units, 911 Emergency Response (EMTs), Fish and Game employees, or National Park Service employees were used in this incident, please list the name of the agency or agencies below:

Incident Narrative

Please provide a brief, factual account of this incident. Describe any and all symptoms of injury and/or illness that the subject exhibited. Describe your response to the incident and/or your treatment of the subject. Please attach additional pages of incident narrative if necessary.

Please provide the name(s) of one or more witnesses to the incident. Provide contact information if you have it.

Please attach to this form any additional information relevant to the incident such as a copy of the signed release agreement, patient care form, search and rescue form, and/or photos.

Report Prepared By:		Position:	
Signature		Date:	
or name, if submitting report electronically			

Additional Narrative (Optional)

If an additional person was involved with the incident and his/her perspective would be useful, please direct that person to provide a narrative account in the space below. Please attach additional pages if necessary.

Name:		Position:	
Signature		Date:	
or name, if submitting report electronically			