



SECTION 1 – Please indicate all the reasons you are submitting an incident report:

- ☐ Subject sought care at a medical facility or medical care was recommended by staff.
- ☐ Subject left a program/facility earlier than initially intended.
- ☐ Non-AMC outside assistance (such as search and rescue) was used.
- ☐ Incident/event significantly impacted subject's or others' experience(s).
- ☐ Near miss (i.e. significant injury could have resulted but was narrowly avoided).
- ☐ An embedded tick was found on a subject.
- ☐ Extra precaution because a minor was involved or the potential for future inquiry or implication exists.

SECTION 2 – Subject information:

Name: _____ DOB or age: _____ Gender: _____

Address: _____

Phone number: _____ Email address: _____

Parent/Guardian for a minor

☐ Guest at AMC facility ☐ Program participant ☐ AMC staff/volunteer ☐ Other: _____

SECTION 3 – Incident Information:

Facility/ Program/ Chapter name: _____ Activity: _____
e.g. Highland Center/ GOYO/ Boston Chapter e.g. hiking, trail work, cooking

Date of incident: _____ Time of incident: _____
mm/dd/yyyy

Location at time of incident: _____

Describe the weather conditions: _____

SECTION 4 – Injury or illness information (please indicate type(s) and location(s) for any boxes checked)

Were body fluids spilled? ☐ Yes ☐ No **If yes**, were universal precautions followed? ☐ Yes ☐ No

What body system(s) were involved in this injury or illness?

- ☐ **Skin** (blister, abrasion, laceration, rash, infection, burn, frostbite, etc.)

- ☐ **Musculoskeletal** (contusion, strain, sprain, dislocation, fracture, etc.)

- ☐ **Digestive** (nausea, vomiting, diarrhea, dehydration, etc.)

- ☐ **Thermoregulation** (hypothermia, hyperthermia, fever, etc.)

- ☐ **Immune** (allergic reaction, bacterial/viral/fungal infection, etc.)

- ☐ **Head and/or spinal injury** (loss of consciousness, blow to head, neck or spine, major fall, etc.)

- ☐ **Respiratory or cardiac** (shortness of breath, asthma, angina, racing heart, etc.)

- ☐ **Other** (diabetes, dental, behavioral)

- ☐ **Not Applicable**



Section 5 – Contributing Factors (Select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Not Specified | <input type="checkbox"/> Instruction | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Attention | <input type="checkbox"/> Technical System Failure |
| <input type="checkbox"/> Animal Encounter | <input type="checkbox"/> Loose Rock | <input type="checkbox"/> Avalanche |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Misbehavior | <input type="checkbox"/> Visibility – Poor |
| <input type="checkbox"/> Cold Exposure | <input type="checkbox"/> Missing/Lost | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Not Following Instructions | <input type="checkbox"/> Cultural Misunderstanding |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Overuse | <input type="checkbox"/> Not Giving Instructions |
| <input type="checkbox"/> Exceeded Ability | <input type="checkbox"/> Plant Toxicity/Contact | <input type="checkbox"/> Inexperience |
| <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Technique | <input type="checkbox"/> Judgement |
| <input type="checkbox"/> Fall on Rock | <input type="checkbox"/> Pre-existing Medical Condition | <input type="checkbox"/> Mental Impairment (Alcohol/Drugs) |
| <input type="checkbox"/> Fall on Snow | <input type="checkbox"/> Psychological Issue | <input type="checkbox"/> Lightning |
| <input type="checkbox"/> Fall/Slip on Trail | <input type="checkbox"/> Rock Fall | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Falling Object | <input type="checkbox"/> Screening | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Fitness/Ability | <input type="checkbox"/> Sun Exposure | |
| <input type="checkbox"/> Poor Hygiene | | |
| <input type="checkbox"/> Immersion/Submersion | | |

SECTION 6 – Evacuation Information:

- ☐ **Not Applicable**, skip to section 7

How did subject leave the program or facility?

- ☐ Subject left without staff/volunteer assistance on _____ Accompanied by: _____
mm/dd/yyyy
- ☐ Subject left with staff/volunteer assistance on _____ Assisted by: _____
mm/dd/yyyy
- ☐ Subject left with outside assistance (ambulance, SAR, etc.) on _____
mm/dd/yyyy

Name(s) of assisting agencies: _____

Did subject return to the program or facility? ☐ Yes ☐ No If yes, date: _____
mm/dd/yyyy

SECTION 7 – Narrative (please provide a brief, factual account of this incident and the ensuing response):

SECTION 8 – Reporting Information:

Is the subject a minor? ☐ Yes ☐ No If yes, when was the parent/guardian notified?: _____
mm/dd/yyyy

Report prepared by: _____ Position: _____

Signature: _____ Date: _____

Please submit this form to your program/facility supervisor and Risk Management via

Email: AMCRiskManagement@outdoors.org Or U.S. Mail:

Risk Management, AMC Pinkham Notch, P.O. Box 298, Gorham, NH 03581