APPALACHIAN MOUNTAIN CLUB

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: ______________________

(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: ______________

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**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: ______________

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**When completed, send copy to:**
Aaron Gorban
Leadership Training and Risk Management Manager
AMC Highland Center
General Delivery Route 302
Bretton Woods NH 03575

**Provide Additional Copy to:**
Sponsoring Committee Chair _____ Chapter Chair _____ and/or Facility Safety Committee _____

______________________  ______________________  _______________________
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