



## Angeles Chapter - Sierra Club Incident Report Instructions

The Incident Report provides the Sierra Club with the information it needs to monitor and learn from incidents throughout the outings programs and to determine whether additional investigation is required. 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 page:

[https://angeles.sierraclub.org/safety\\_incident\\_reporting](https://angeles.sierraclub.org/safety_incident_reporting)

### An Incident Report must be filed for:

<b>Sierra Club Incidents</b>	<ul style="list-style-type: none"> <li>• A fatality.</li> <li>• Any incident that requires search, rescue or evacuation.</li> <li>• Any injury that requires advanced first aid.</li> <li>• Any injury or illness that could have future complications or require medical attention after the outing (i.e. animal bite, severe sprain).</li> <li>• Any act of suspected sexual harassment or child abuse.</li> <li>• Any act that violates the law.</li> <li>• Any act that results in property damage that could result in a claim.</li> </ul>
<b>Angeles Chapter Incidents</b>	<p>Additional Angeles Chapter-only requirements: Any other incident that compromises the outing's objective for all or some participants, including:</p> <ul style="list-style-type: none"> <li>• lost person(s)</li> <li>• altitude sickness or heat illness</li> <li>• a problem participant</li> <li>• recurrence of a prior condition.</li> </ul>
<ul style="list-style-type: none"> <li>• An Incident Report does not need to be filed for minor injuries such as scratches and blisters, or other personal illnesses that will not likely have future complications even if the illness causes the person to leave the trip.</li> </ul>	

Reporting Sierra Club Incidents	Reporting Angeles Chapter Incidents
(Incident Report form with Sign-in Sheet or Individual Liability Waiver, and Participant Medical Form, and/or Patient Report if applicable.	
<p><b>Original – mail to</b> Sierra Club Outings, 2101 Webster St., Suite 1300, Oakland, CA 94612</p> <p><b>Email:</b> <a href="mailto:program.safety@sierraclub.org">program.safety@sierraclub.org</a> or Fax to (415) 977-5795</p>	<p><b>Original – mail to</b> Outings Chair of sponsoring entity</p>
<b>Email:</b>	<ul style="list-style-type: none"> <li>• keithwmartin@sbcglobal.net Keith Martin P.O. Box 336, Groveland CA 95321 310-683-9224 for Angeles Chapter Safety Committee</li> <li>• omcchair@yahoo.com Brian Decker for Angeles Chapter Outings Mgmt Committee</li> <li>• Chair of the sponsoring Group, Section, Committee</li> <li>• Outings Chair of the sponsoring Group, Section, Committee</li> </ul>
<p><b>Life-threatening</b> incidents/emergencies/fatalities that require rescue or evacuation should be reported immediately by telephone to the Sierra Club Outings Department at: <b>1-888-OUTINGS (888-688-4647); after business hours press #6. International: 001-715-852-1701</b></p>	

# Sierra Club Incident Report Form

Include the participant's waiver and medical form with this report.

Person making report : _____ Date: ____ / ____ / ____		
Address: _____ Phone: ( ____ ) _____		
<b>Outing Details:</b>		
<input type="checkbox"/> National	Trip Number: _____ Subcommittee: _____	
<input type="checkbox"/> Inner City	Outing Name: _____ ICO Group: _____	
<input type="checkbox"/> Local Outings	Outing Name: _____ Chapter/Entity Name: _____	
<b>Leader Name:</b>		
<b>Copy of report sent to:</b> <input type="checkbox"/> Chapter Outings Chair <input type="checkbox"/> Group Chair <input type="checkbox"/> Chapter Chair <input type="checkbox"/> ICO Group Chair <input type="checkbox"/> Group Outings Chair <input type="checkbox"/> Subcommittee Chair	<b>Chair name and phone number:</b> _____ _____	
<b>Identity of ill, injured, or affected person:</b>		
Name: _____	Age (check one): <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 60 - 69	
Address: _____	<input type="checkbox"/> Under 18 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 70 - 79	
Phone: ( ____ ) _____	<input type="checkbox"/> 18 - 29 <input type="checkbox"/> 50-59 <input type="checkbox"/> 80 +	
	<input type="checkbox"/> Female <input type="checkbox"/> Male   Height: _____   Weight _____	
	Sierra Club member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Family of injured contacted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, by whom? _____		
Family contact: _____	Relationship: _____	
Address: _____	Phone: ( ____ ) _____	
<b>Public agencies contacted regarding this incident:</b>		
Date: _____ / ____ / ____ am   pm	Agency: _____	
Location: _____	Contact: _____	
By: _____	Phone: ( ____ ) _____	
<b>Evacuation / Search &amp; Rescue</b> The incident required:		
<input type="checkbox"/> Immediate evacuation <input type="checkbox"/> Assistance (search & rescue) <input type="checkbox"/> Neither <input type="checkbox"/> Continued outing <input type="checkbox"/> Ended outing early		
<b>Names of all other witnesses or persons involved in the evacuation or search and rescue:</b>		
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).																	
<p>Activity participant was doing when incident occurred</p> <table border="0"> <tr> <td><input type="checkbox"/> Car Camping</td> <td><input type="checkbox"/> In camp</td> <td><input type="checkbox"/> River activity: kayak raft canoe</td> <td><input type="checkbox"/> Sledding</td> </tr> <tr> <td><input type="checkbox"/> Cycling</td> <td><input type="checkbox"/> International trip</td> <td><input type="checkbox"/> Skiing: x-country alpine</td> <td><input type="checkbox"/> Service Trip</td> </tr> <tr> <td><input type="checkbox"/> Hiking</td> <td><input type="checkbox"/> Kayaking: sea lake</td> <td></td> <td><input type="checkbox"/> Swimming</td> </tr> <tr> <td><input type="checkbox"/> Hiking with pack</td> <td><input type="checkbox"/> Mountaineering</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Car Camping	<input type="checkbox"/> In camp	<input type="checkbox"/> River activity: kayak raft canoe	<input type="checkbox"/> Sledding	<input type="checkbox"/> Cycling	<input type="checkbox"/> International trip	<input type="checkbox"/> Skiing: x-country alpine	<input type="checkbox"/> Service Trip	<input type="checkbox"/> Hiking	<input type="checkbox"/> Kayaking: sea lake		<input type="checkbox"/> Swimming	<input type="checkbox"/> Hiking with pack	<input type="checkbox"/> Mountaineering		<input type="checkbox"/> Other:
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I have supplied the confidential information requested above for the Sierra Club, its insurance company, and its attorneys.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Email reports to:** [program.safety@sierraclub.org](mailto:program.safety@sierraclub.org)

**Fax Report to:** (415) 977-5795

After emailing or faxing, mail original report, medical forms & participant waivers to:  
Sierra Club Outings  
2101 Webster St., Suite 1300  
Oakland, CA 94612

This report is intended to be confidential for transmission to and use by Sierra Club attorneys for litigation arising out of claims.