

Camp Kaitawa

Incident Report

Organisation: Incident number:

Accident or near accident or incident

Injury Death Illness Equipment damage

Location: Date: Time of Day:

Days Lost? (Y/N) How Many? E = ended course participation

Weather:

Temperature Clouds Precipitation Visibility Wind

Type of injury/illness: (Indicate in the box with an "X")

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Cold injury	<input type="checkbox"/> Asthma	<input type="checkbox"/> Urinary
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Infection	<input type="checkbox"/> Fever/flu
<input type="checkbox"/> Concussion	<input type="checkbox"/> Sprain	<input type="checkbox"/> Hyperthermia	<input type="checkbox"/> Allergy	<input type="checkbox"/> Dermatitis
<input type="checkbox"/> Bruising	<input type="checkbox"/> Strain	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Other:
<input type="checkbox"/> Laceration/Cuts	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Menstrual	

Programme Type:

Activity being taken at the time (Indicate in the grey box with an "X")

<input type="checkbox"/> Camping	<input type="checkbox"/> Abseiling	<input type="checkbox"/> Rafting	<input type="checkbox"/> Caving	<input type="checkbox"/> Other:
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Cooking	<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Skiing	
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Cycling	<input type="checkbox"/> Initiatives	<input type="checkbox"/> Solo	
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Tramping	<input type="checkbox"/> Swimming	<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Running	<input type="checkbox"/> Sailing	<input type="checkbox"/> Service Project	

Person in charge

Name:

Age: Gender (M/F):

Person involved in incident

Name:

Address:

Age: Gender (M/F): Phone/Contact No.

Narrative: (describe what you believe happened).

Date / Time	Event

Privacy

Information collected on this form is for the purposes of:

- identifying incident trends;
- informing safety management policy; and
- improving safety management procedures.

Details will be kept confidential to school management and Ministry staff responsible for EOTC. Schools and individuals will not be identified in any data analysis reports.