



SIERRA CLUB INCIDENT REPORT

INSTRUCTIONS - READ CAREFULLY

Trip leaders are responsible for reporting all accidents and illnesses **promptly**. Failure to report incidents may jeopardize the leader and the Club.

A report must be filed for:

- Any incident that requires rescue or evacuation.
- Any injury that requires major first aid.
- Any injury or illness that could have future complications. (i.e. animal bite, severe sprain, etc.)

A report does not need to be filed for:

- Minor injuries such as scratches and blisters.
- Other personal illnesses that will not likely have future complications even if the illness causes the person to leave the trip.

Please include with your report:

- Sign-in sheet or Participant list
- Liability Waiver

Please send your report to:

Fax reports to: (415) 977-5791 or (415) 977-5795

After faxing, mail reports to: Office of Risk Management, Finance Department
Sierra Club
85 Second Street, 2nd Floor
San Francisco, CA 94105

Serious accidents that require rescue and evacuation should be reported as soon as possible by telephone to the Sierra Club Risk Manager at (415) 977-5500 during business hours (Pacific time) or (415) 977-5629 after hours (Pacific time).

This report can be downloaded from the Outings Extranet at:
<http://outingleaders.sierraclub.org:8082/GCO/forms/formlink.asp>

SIERRA CLUB INCIDENT REPORT

This incident report form is required by Admiral Insurance Company following an incident.

1. Person making report _____ Date _____
Address _____ Phone _____

2. Identity of outing National _____ Chapter _____ ICO _____
Chapter Name _____

Trip Name/number

Group/Section/Subcommittee

Leader Name

3. Date of incident ___/___/___ Time _____ Weather conditions _____

4. Location of incident _____

5. Brief factual description of incident (state no **opinions** respecting cause) _____

6. Identity of ill, injured, or affected person Sierra Club member? _____

Name _____ Age _____ Sex _____ Height _____ Weight _____

Address _____ Phone _____

7. Description of injury or illness _____

First aid given _____

By whom _____

8. Copy of this report sent to appropriate outing committee overseer. Please check and provide information.

___ Chapter Outing Chair

___ Group Outing Chair

___ ICO Group Chair

___ Chapter Chair

___ Group Chair

___ Chapter Safety/Leadership Chair

Name & Address

COMPLETE THE FOLLOWING WHEN RESCUE HELP AND EVACUATION IS NEEDED, OTHERWISE SKIP TO #13 AND COMPLETE

9. Does injury or illness require immediate evacuation? _____

Manpower and equipment available with injured party _____

Additional help needed for evacuation _____

10. Exact place rescue party to meet _____

11. Notify family _____

Name

Address

Phone

Relation

12. Agency contacted for rescue _____

Call back phone numbers; Agency () _____ Sierra Club(415) 977-5500

Person making rescue request _____ (415) 977-5629 (after hours)

Date request is made _____ Time _____

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

13. Witnesses to incident (use additional sheet if necessary)

Name	Address	Phone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

14. Full description of incident including discussion of preceding events and conditions.
(Use additional sheet if necessary)

15. Leader's evaluation. Give your opinion of the cause of the incident. Be specific. Show sources of information and whether the incident could have been prevented. (Use additional sheet if necessary)

I have supplied the confidential information requested above for the Office of Risk Management of the Sierra Club, Admiral Insurance Company, and their attorneys.

Signed _____ Date _____

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