

BUSHWALKING INCIDENT FORM

Provide relevant information and mark the appropriate option(s).

Trip information

Date _____ Time _____ Destination _____

Leader _____

Trip Contact Officer _____ Phone No. _____

Number of Walkers _____ Experienced _____ Intermediate _____ Inexperienced _____

Type of incident

Delay _____ Lost party members _____ Fall _____ Injury _____ Snakebite _____ Insect bite _____ Illness _____ Fatigue _____
 Hyperthermia _____ Hypothermia _____ **Additional Information** _____

Witnesses _____

Location of incident

Map _____ Datum _____ Map Coordinates _____ Elevation _____ m

Lat & Long (GPS) _____

Terrain Open _____ Closed canopy _____ Water course _____ Slippery _____ Rocky _____ Steep _____ Ridge _____ Gorge _____

General Description _____

Weather Hot _____ Warm _____ Cool _____ Cold _____ Sunny _____ Windy _____ Foggy _____ Cloudy _____ Rain _____

Other _____

First Aid Assessment

Overall condition Good _____ Fair _____ Poor _____ Serious _____ Critical _____

Primary Injury/Situation

Secondary Injury(s)

Patient Male _____ Female _____

Name _____

Address _____

Who to Notify _____

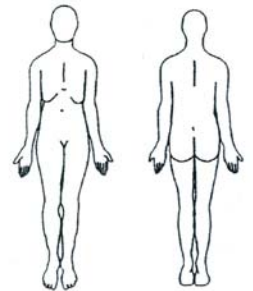
Contact Phone No(s) _____

Observations			
Time			
Level of Consciousness <i>Fully Conscious</i> <i>Drowsy</i> <i>Unconscious</i>			
Pulse Rate _____ Description _____			
Respiration Rate _____ Description _____			
Pupils ○ ○ R L			

Assessment

Injuries/Symptoms/Signs

- Abrasion
- Burn
- Contusion
- Discolouration
- Fracture
- Haemorrhage
- Laceration
- Pain
- Rigidity
- Swelling
- Tenderness



Other observations (specify) _____

First Aid Assessment

