

**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** \_\_\_\_\_

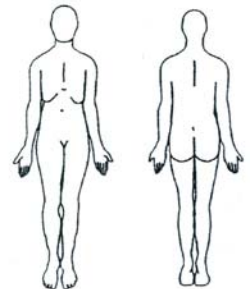
**Contact Phone No(s)** \_\_\_\_\_

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

**Assessment**

**Injuries/Symptoms/Signs**

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



**Other observations (specify)** \_\_\_\_\_

**First Aid Assessment**

**Action taken**

Search      First Aid DRABC      Pressure Bandage      CPR      Warming      Cooling      Party Sent for Assistance

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_

**Assistance Required** (Specify qualifications and numbers of helpers or teams required)

**Personnel**      Paramedic      Doctor      Search      Rescue/Recovery

Medication      Water      Food      Shelter      **Other** \_\_\_\_\_

**Communications Available** (e.g. Mobile No. / CB channel) \_\_\_\_\_

**For emergencies, dial 112 from a mobile phone, or 000 from a landline.      Time of call:** \_\_\_\_\_

**Planned Action** (If moving give Route and Map Coordinates of destination)

Remain at site      **Evacuate to**      Track      Road      Track Junction      Shelter      Natural Feature      Helipad

**Additional Information** \_\_\_\_\_

**Evacuation Plan / Requirements**

Walk out      Improvised Stretcher      Stretcher      Ambulance      Helicopter Winch      Helipad

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_

**This form is intended to help your decision-making in a stressful situation, provide essential information to those called upon to assist, and record details for insurance claims. Send one copy of the information with any party sent out for help. Keep one and continue to record relevant information.**

(For example, log observations of the patient’s vital signs, times of events, actions and communications, details of parties sent out, self-sufficiency of the party - equipment, physical and psychological condition of members)

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**Forward a copy to the Safety & Training Officer or another Committee Member as soon as possible.**