**Trip information** 

Contact Phone No(s)

## **BUSHWALKING INCIDENT FORM**

 $\label{provide relevant information and mark the appropriate $\operatorname{option}(s)$.}$ 

Date	Time	Do	estination					
Trip Contact Offic	cer	Phone No.						
Number of Walke	rs E	xperienced _	Intermediate			Inexperienced		
Type of incider	<u>nt</u>							
_	Hypothermia A	Snakebite Insect bite Illness Fatigue  formation						
Witnesses								
Location of inc	<u>ident</u>							
Map Datum			Map Coordinates			<b>Elevation</b> m		
Lat & Long (GPS	5)							
Terrain Open  General Des	Closed canopy			Rocky	Steep F	Ridge Gorge	·	
Weather Hot Other	Warm Coo	ol Cold	Sunny V	Vindy Fog	gy Cloudy	y Rain		
First Aid Asses	sment Over	all condition	Good F	air Poor	Serious	Critical		
Primary Injury/Si	ituation					A	4	
			Obse	rvations	Assessment			
Secondary Injury(s)		Level of Consciousness Fully Conscious Drowsy Unconscious Pulse Rate Description		Abrasion Burn Contusior Discolour Fracture Haemorrh	Burn Contusion Discolouration Fracture Haemorrhage			
			Respiration Rate Description Pupils		Laceration Pain Rigidity Swelling Tenderne			
Patient Male	e Female		R L		Tenderne	(u)(u)	œ	
Name			Other observation	ns (specify)				
Address			First Aid Assessn	nent				
Who to Notify								

J3/04/09							
Action tal Search Additional 1	Ken First Aid DRABC Information	Pressure Bandage	CPR	Warming	Cooling	Party Sent fo	r Assistance
Assistance	e <b>Required</b> (Spe	ecify qualifications and n	numbers of	f helpers or team	ns required)		
Personnel	Paramedic	Doctor Search		Rescue/Recover	_		
Medication	Water Food				•		
Communica	ations Available (e.g	. Mobile No. / CB chann					
For emerger	ncies, dial 112 from a	mobile phone, or 000 f	rom a lan	dline. Ti	me of call:		
Planned A Remain at si		give Route and Map Coo Track Road			helter	Natural Feature	Helipad
	Information	Track Road	Track.	direction 5	nenei	Tvaturar i cature	Пепрац
	Plan / Requirements						
Walk out	Improvised Stretche	er Stretcher An	nbulance	Helicopter	Winch	Helipad	
Additional l	Information						
upon to ass	sist, and record detail	ur decision-making in a s for insurance claims. l relevant information.					
(For examp	le, log observations of	the patient's vital signs,	times of e	vents, actions ar	nd commun	ications, details of	parties sent out
self-sufficie	ency of the party - equi	pment, physical and psyc	chological	condition of me	embers)		