



Sierra Club/Program Safety  
2101 Webster Street, Suite 1300  
Oakland, CA 94612  
Phone: 415-977-5522  
[program.safety@sierraclub.org](mailto:program.safety@sierraclub.org)

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## **Incident Report Instructions**

**Life-threatening emergencies, fatalities and incidents requiring rescue or evacuation** should be reported immediately by telephone to the Sierra Club at:  
**1-888-OUTINGS (888-688-4647)** or  
001-303-281-9914 (if calling internationally).

The Incident Report provides the Sierra Club with the information it needs to monitor and learn from incidents across programs, to determine whether additional investigation is required and to identify new training needs. Leaders are responsible for reporting all incidents and illnesses **immediately** after the outing or event using this Incident Report. Failure to report incidents may jeopardize the leader and the Sierra Club. During the time of the incident, use the Sierra Club Patient Report or similar medical assessment form. You can download the Incident Report and Patient Report here: <http://www.clubhouse.sierraclub.org/outings/forms/>

### **An Incident Report Must be Submitted to the Sierra Club for:**

- **A fatality.**
- **Any incident that requires search, rescue or evacuation.**
- **Any injury that requires advanced first aid.**
- **Any injury or illness that could have future complications or require medical attention after the outing (e.g., severe sprain, broken bone, severe illness).**
- **Any act of suspected sexual harassment or child abuse.**
- **Any act that violates the law.**
- **Any act that results in property damage that could result in a claim.**

### **An Incident Report DOES NOT need to be submitted for:**

- Illnesses or injuries that won't likely have future complications such as simple colds, minor diarrhea, simple cuts, non-infected blisters, simple ankle sprains, etc.

**NOTE: An Incident Report *may* need to be filed with only your sponsoring entity for other issues such as disruptive or toxic behaviors, significant "near misses", etc. Check with your entity chair for any additional reporting requirements.**

### **Directions:**

- 1. Call the Sierra Club immediately for life-threatening emergencies, fatalities and incidents requiring rescue or evacuation at **1-888-OUTINGS (888-688-4647)** or 001-303-281-9914 (if calling internationally).**
- 2. Scan/email (or fax) the following documents to [program.safety@sierraclub.org](mailto:program.safety@sierraclub.org) (or 510-208-3140)**
  - Incident Report
  - Sign-in Sheet or Individual Liability Waiver
  - Participant Medical History Form
  - Patient Report Form (if applicable)
- 3. Mail the above *original* documents to:**  
Sierra Club/Program Safety, 2101 Webster Street, Suite 1300, Oakland, CA 94612

# Sierra Club Incident Report Form

Include the participant's waiver and medical form with this report.

Person making report : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Outing Details:**

National Trip Number: \_\_\_\_\_ Subcommittee: \_\_\_\_\_  
 Inner City Outing Name: \_\_\_\_\_ ICO Group: \_\_\_\_\_  
 Local Outings Outing Name: \_\_\_\_\_ Chapter/Entity Name: \_\_\_\_\_

**Leader Name:**

**Copy of report sent to:**

Chapter Outings Chair  Group Chair  
 Chapter Chair  ICO Group Chair  
 Group Outings Chair  Subcommittee Chair

**Chair name and phone number:**

\_\_\_\_\_  
 \_\_\_\_\_

**Identity of ill, injured, or affected person:**

Name: \_\_\_\_\_ Age (check one):  30 - 39  60 - 69  
 Under 18  40 - 49  70 - 79  
 Address: \_\_\_\_\_  18 - 29  50 - 59  80 +  
 Phone: ( \_\_\_\_ ) \_\_\_\_\_  Female  Male Height: \_\_\_\_\_ Weight \_\_\_\_\_  
 Sierra Club member?  Yes  No

**Family of injured contacted?**  Yes  No If yes, by whom? \_\_\_\_\_

Family contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Public agencies contacted regarding this incident:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ am pm Agency: \_\_\_\_\_  
 Location: \_\_\_\_\_ Contact: \_\_\_\_\_  
 By: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Evacuation / Search & Rescue** The incident required:

Immediate evacuation  Assistance (search & rescue)  Neither  Continued outing  Ended outing early

**Names of all other witnesses or persons involved in the evacuation or search and rescue:**

Name:	Address:	Phone:
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____
_____	_____	( ____ ) _____

Incident Details																	
Date of Incident: ___ / ___ / ___ Time ___:___ am pm	Weather Conditions:																
Location:																	
Brief factual description of injury or illness:	First aid provided (including any medication):																
	By whom:																
Provide full description of the incident including preceding events and conditions, and all measures taken after the incident. Do not state any opinions regarding the cause (use additional sheets if necessary).																	
<p>Activity participant was doing when incident occurred</p> <table> <tbody> <tr> <td><input type="checkbox"/> Car Camping</td> <td><input type="checkbox"/> In camp</td> <td><input type="checkbox"/> River activity: kayak raft canoe</td> <td><input type="checkbox"/> Sledding</td> </tr> <tr> <td><input type="checkbox"/> Cycling</td> <td><input type="checkbox"/> International trip</td> <td><input type="checkbox"/> Skiing: x-country alpine</td> <td><input type="checkbox"/> Service Trip</td> </tr> <tr> <td><input type="checkbox"/> Hiking</td> <td><input type="checkbox"/> Kayaking: sea lake</td> <td></td> <td><input type="checkbox"/> Swimming</td> </tr> <tr> <td><input type="checkbox"/> Hiking with pack</td> <td><input type="checkbox"/> Mountaineering</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> </tbody> </table>		<input type="checkbox"/> Car Camping	<input type="checkbox"/> In camp	<input type="checkbox"/> River activity: kayak raft canoe	<input type="checkbox"/> Sledding	<input type="checkbox"/> Cycling	<input type="checkbox"/> International trip	<input type="checkbox"/> Skiing: x-country alpine	<input type="checkbox"/> Service Trip	<input type="checkbox"/> Hiking	<input type="checkbox"/> Kayaking: sea lake		<input type="checkbox"/> Swimming	<input type="checkbox"/> Hiking with pack	<input type="checkbox"/> Mountaineering		<input type="checkbox"/> Other:
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I have supplied the confidential information requested above for the Sierra Club, its insurance company, and its attorneys.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**1. Scan/email (or fax) the following documents to [program.safety@sierraclub.org](mailto:program.safety@sierraclub.org)**  
(or 510-208-3140)

- Incident Report, Sign-in Sheet or Individual Liability Waiver, Participant Medical History Form, Patient Report Form (if applicable)

**2. Mail the above *original* documents to:**

- Sierra Club/Program Safety, 2101 Webster Street, Suite 1300, Oakland, CA 94612

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