



## GREAT LAKES SEA KAYAKING ASSOCIATION INCIDENT REPORT FORM

### Background Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (when form completed)

Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Group leader: \_\_\_\_\_ Trip name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Affected participant's name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Important medical history: \_\_\_\_\_

Emergency medical contact: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Type of Incident (check the applicable type):

Personal Injury    Lost or damaged equipment    Action that created unnecessary risk

### Incident Information

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ a.m./p.m.

Location of incident: \_\_\_\_\_

Describe what happened (e.g. cause of injury, damage or unnecessary risk):

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Describe the resulting injury or damage:

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Condition of victim and/or equipment:

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**First Aid Treatment (in case of personal injury)**

Time of treatment: \_\_\_\_ a.m./p.m. What specific first aid was given to the victim?

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First Aider in charge: \_\_\_\_\_

**Follow Up Procedures**

What follow up treatment was given? \_\_\_\_\_

Is any additional follow up required? \_\_\_\_\_

Recommendation to prevent repeat occurrences: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

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(Use space below if additional space required.)

Contact the GLSKA Director responsible for Risk Management, and send the completed form to this Director. Contact the President if the designated Director is not available.