



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: _____

Important medical history: _____

Emergency medical contact: _____ e-mail: _____

telephone: _____

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):

Describe the resulting injury or damage:

Condition of victim and/or equipment:

First Aid Treatment (in case of personal injury)

Time of treatment: _____ a.m./p.m.

What specific first aid was given to the victim?

First Aider in charge: _____

Follow Up Procedures

What follow up treatment was given? _____

Is any additional follow up required? _____

Recommendation to prevent repeat occurrences: _____

Additional Information: _____

(Use space below if additional space required.)

Contact the GLSKA President, and send the completed form to him/her.