Annex D to
GHTA Risk Management Protocol

Accident, Incident and Near-Miss Report Form

NOTE: in order to develop incident rates related to Hiking Activities it is important that accurate documentation occurs for every accident, injury or incident, including recording the location, nature of the hazard and the injury, the circumstances, any property damage, contributing factors, witnesses, medical attention if any and agency response. Once completed this form is to be returned to the GHTA Risk Management Coordinator.

Personal Information on Casualty

Name	Age	Gender	Address	Telephone	E-Mail

Date of Incident	Time of Incident	Location of Incident	Type of Activity

Type of Environment (check all that apply)

☐ River	☐ Lake	☐ Forest	☐ Mountain	☐ Cliff	☐ Hill
☐ Snow	☐ Ice	☐ Sand	☐ Cold	☐ Hot	☐ Wet

Surface Condition (check the two most significant)

☐ Wet	☐ Dry	☐ Snow	☐ Ice	☐ Trail	☐ Rock
☐ Mud	☐ Grass	☐ Flat	☐ Uneven	☐ Slopped	☐ Dirt

Type of Incident (check most significant)

☐ Injury	☐ Illness	☐ Motivation	☐ Behaviour	☐ Near-Miss	☐ Accident

Did the Patient visit a Medical Facility		Did the Patient need to be Evacuated		Was there any Property Damage	
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

Type of Injury (check most significant)

☐ Blister	☐ Burn	☐ Dental	☐ Dislocation	☐ Eye Injury	☐ Fracture
☐ Frostbite	☐ Head Injury	☐ Sprain	☐ Strain	☐ Immersion	☐ Bruise
☐ Wound	☐ Abrasion	☐ Sunburn	☐ Tendonitis	☐ Other (specify)	

Anatomical Location of Injury (check most appropriate)

☐ Abdomen	☐ Ankle	☐ Chest	☐ Elbow	☐ Eye	☐ Face
☐ Foot	☐ Forearm	☐ Hand	☐ Head	☐ Hip	☐ Lower Back
☐ Lower Leg	☐ Neck	☐ Pelvis	☐ Shoulder	☐ Thigh	☐ Toe
☐ Upper Arm	☐ Upper Back	☐ Upper Leg	☐ Wrist	☐ Other (specify)	

Type of Illness (check most significant)

☐ Abdominal	☐ Allergic	☐ Food related	☐ Chest pain	☐ Dehydration	☐ Eye / Ear
☐ Heat Illness	☐ Hypothermia	☐ Nausea	☐ Respiratory	☐ Other (specify)	

Contributing Factors (rank in order of priority)

☐ Altitude	☐ Avalanche	☐ Animal	☐ Careless	☐ Cold	☐ Dehydration
☐ Equipment	☐ Exhaustion	☐ Fall on Rock	☐ Fall on Snow	☐ Fall on Trail	☐ Falling Tree
☐ Fitness	☐ Hygiene	☐ Immersion	☐ Inattention	☐ Loose Rock	☐ Misbehaviour
☐ Missing/Lost	☐ Poisoning	☐ Technique	☐ Pre-existing	☐ Psychological	☐ Rock Fall
☐ Supervision	☐ Unknown	☐ Visibility	☐ Weather	☐ Other (explain)	

Narrative (briefly describe the incident and provide details)

Analysis (briefly include and suggestion, observation or recommendations)

Personal Information on Reporting Officer

Name	Signature	Date	Club / Position