**NPAQ Incident Report form**

**Danger, Response, Send for Help, Airway, Breathing, Circulation, Defibrillation**

**In an emergency, call 000 or 112 (mobiles)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: | Time of Incident: | | |
| Activity Title: | | | |
| Activity Leader: | | | |
| Activity Location: (exact location – map, map datum & map coordinates) | | | |
|  | | | |
| Number in party (TOTAL): | Experienced: | Intermediate: | Inexperienced: |
| Trip Emergency Contact person: | | | |
| Trip Emergency Contact person phone number: | | | |
| Person completing Incident Report: | | | |

**Person Requiring Assistance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Male: | Female: |
| Address: | | | |
| Emergency contact (1): | Emergency contact (2): | | |
| Emergency contact (1) Phone: | Emergency contact (2) Phone: | | |

**Details of Incident**: (circle relevant conditions)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Delay | Lost party | Injury | Snake/  Insect bite | Illness | Fall | Unconscious | Hyperthermia (high body temp) | Hypothermia  (low body temp) | Other |
| **Primary Injury/Situation:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Secondary Injury(ies):** | | | | | | | | | |
|  | | | | | | | | | |
| **Witness/es details:** | | | | | | | | | |

**Overall Condition of person:** (circle relevant conditions)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Good | Fair | Poor | Serious | Critical |
| Any additional information: | | | | |
|  | | | | |

**Action Taken:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Aid | CPR | Immobilised | Stabilised | Search | Party Sent for Assistance |
| Details of action taken: | | | | | |
|  | | | | | |
|  | | | | | |

**Party sent for Assistance:** (if required)

|  |  |  |
| --- | --- | --- |
| Date: | Time: | Number in party: |
| Assistance party leader: | | |
| Contact number: | | |
| Names in assistance party: | | |
|  | | |

**Further Assistance Required:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Aid | Medical | Medication (Personal) | Personnel (Search/Rescue/Recovery) |
| Details: | | | |
|  | | | |

**Conditions at Incident location:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Terrain at Site of Incident** (circle all relevant conditions)**:** | | | | | | | | |
| Open | Watercourse | Closed Canopy | | Open Canopy | Rocky | Steep | Ridge | Mountain |
| General Description: | | | | | | | | |
|  | | | | | | | | |
| **Weather Conditions at Time of Incident** (circle all relevant conditions): | | | | | | | | |
| Warm | Sunny | Windy | Foggy | | Cloudy | Rainy | Cool | Cold |
| Additional Information: | | | | | | | | |
|  | | | | | | | | |

**Planned Action:** *(go to* ***Planned Action*** *page for further details)*

|  |  |
| --- | --- |
| Remain at Site | Evacuate |

**Other:**

|  |
| --- |
| Where was person taken for further treatment (if any): |
|  |
| What was the final outcome of the incident: |
|  |
| What actions were taken immediately following the incident to prevent recurrence: |
|  |
|  |
| Describe any long-term action required, to prevent a recurrence/any other lessons learned: |
|  |
|  |

**Emergency Contacts: 000 or 112 (mob)** for Police, Ambulance, Fire and Rescue

**Secondary Contacts:**

**NPAQ Contacts**

|  |  |  |
| --- | --- | --- |
| Name | Position | Contact no. |
| Frank Freeman | Activities Convenor | 0427 655 514 |
| Laurelle Lowry | Activities Treasurer | 0480 153 617 |
| Susanne Cooper | NPAQ President | 0423 783 022 |
| Samantha Smith | Operations Manager | 0416 813 105 |
| NPAQ Office |  | 07 3367 0878 |

**Federation Mountain Rescue Contacts**

|  |  |  |
| --- | --- | --- |
| Name | Mobile | Home |
| Doug McDonald (President) | 0428 462 950 | 07 3395 1367 |
| Peter Rollings (Secretary) | 0448 817 575 | 07 3287 6837 |
| Judy Moody-Stuart (Treasurer) | 0408 874 315 | 07 3206 8787 |

**PLANNED ACTION – Remain at Site:**  (Items you need to consider, if you decide to stay)

**Equipment (quantity) available at Site of incident:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Aid Kits | Tents | Sleeping Bags | Torches | Stoves & Fuel | Food | Water | Ropes |
| Other Equipment: | | | | | | | |
|  | | | | | | | |

**Requirements at site of incident:**

(Food/water/tents/matches/warm clothing/ etc. & quantity)

|  |
| --- |
|  |
|  |
|  |

**Control Base Camp location:**

(Map, Map Datum, Map Co-ordinates, Address and /or Directions)

|  |
| --- |
|  |
|  |
|  |

**PLANNED ACTION – Evacuation:** (Items you need to consider, if you decide to evacuate)

**Evacuation Plan:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Walking Out | Carrying Out | Stretcher | Ambulance | Helicopter | Other |
| Additional information: | | | | | |
|  | | | | | |
|  | | | | | |

**Evacuation to:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Track | Road | Track Junction | Shelter | Natural Feature | Other |
| Additional information: | | | | | |
|  | | | | | |
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**Additional information** (include best route to return and additional info on situation):

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| --- |
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**REVIEW**

|  |  |
| --- | --- |
| Reviewed by: | Date: |
| Comments: | |
|  | |
|  | |
| Action Required: | |
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|  | |
|  | |