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 Inciden	t:				
Activity Title:									
Activity Leader:									
Activity Location:	(exact lo	cation – map, r	map datui	n & map co	oordinates	5)			
Number in party (TOTAL):		Exper	ienced:		Intermed	iate:	Inexperienced:	
Trip Emergency Co	ontact p	erson:							
Trip Emergency Co	ontact p	erson phone	number:						
Person completing	g Incide	nt Report:							
Person Requiri	ng Ass	sistance:							
Name:						Male:	Fe	male:	
Address:									
Emergency contac	t (1):				Emergei	ncy conta	ct (2):		
Emergency contac	t (1) Ph	one:			Emergei	ncy conta	ct (2) Phone:		
Details of Incid	ent : (c	ircle relevant c	onditions)					
Delay Lost	Injury	Snake/	Illness	Fall	Unco	nscious	Hyperthermia	Hypothermia	Other
party	,,	Insect bite					(high body temp)	(low body temp)	
Primary Injury/Sit	tuation:	l.		1					1
Secondary Injury(ies):								
Witness/es detail	s:								
Overall Conditi	on of	person: (cir	cle releva	nt condition	ons)				
Good		<u> </u>			or		Serious	Critica	l
2000							00.100.0	0.16.60	
Any additional inf	ormatio	n:	l .			I			
-									
Action Taken:									
First Aid (CPR	Immobilis	ed	Stabilised		Search	Par	ty Sent for Assist	ance
Details of action to							<u> </u>	- ,	
Party sent for A	Assista	ince: (if requ	ired)						
Date:			Time:				Number in p	eartv:	
Assistance party le	eader:						1	*J *	
Contact number:	*								
Names in assistan	ce party	<i>'</i> :							

^{*} Have you done anything to prevent a recurrence? Is anyone else in immediate danger?

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	General Description:							
Weathe	Weather Conditions at Time of Incident (circle all relevant conditions):							
Warm Sunny Windy Foggy Cloudy Rainy Cool Cold								
Warm	Sunny	Windy	Foggy	Cloudy	Rainy	Cool	Cold	
	Sunny nal Information:	Windy	Foggy	Cloudy	Rainy	Cool	Cold	

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

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

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

Equipment	(auantitu)	available	at Cita	of incidon	٠.
Equipment	(duantity)	avallable	at Site	ot inciden	τ:

Equipment (qua	ntity) availai	ne at site of i	nciaent:				
First Aid Kits	Tents	Sleeping Bags	Torches	Stoves & Fuel	Food	Water	Ropes
Other Equipme	nt:		·				•
Requirements a	t site of incid	lent:					
(Food/water/ter			g/ etc. & quanti	tv)			
(1.004) 114121/121	100, 1110101100,		5, etc. & quart.	-11			
Control Base Car	mp location:						
(Map, Map Datu	m, Map Co-c	ordinates, Add	ress and /or Dir	rections)			
PLANNED AC	TION - Ev	acuation:	(Items you nee	d to consider, if	f you decide to	evacuate)	
Evacuation Pla	n:						
Walking Out	Carryi	ng Out	Stretcher	Ambulance	e Helio	opter	Other
Additional info	mation:						
/ date on a mile	THU CHOTH.						
Evacuation to:							
Track	Ro	oad T	rack Junction	Shelter	Natural	Feature	Other
Additional info	rmation:						
Additional infor	mation (inclu	de best route t	o return and add	itional info on sit	uation):		
	<u> </u>				•		
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REVIEW				T			
Reviewed by:				Date:			
Comments:				·			
Action Required	d:						_

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