

**APPENDIX 5**  
**INCIDENT/ACCIDENT REPORT AND ASSESSMENT**

**To be completed by field trip leader in the event of an incident involving serious injury and/or damage to property, and filed with LOC Safety Officer or Section/Division Head or designate)**

Name of Person Involved (PRINT)	<i>Date of Occurrence</i>	<i>Time</i>
First Aid or Medical Attention Required: <i>Yes: _____ No: _____</i>	Damage to Equipment: <i>Yes: _____ No: _____</i>	
Field Trip Leader's Name	<i>Field Trip Leader's Signature</i>	
Report Date	Reported By	
<i>Reported To (police, other authority)</i>	<i>Copy Sent to GAC Safety Committee Date:</i>	
Date of Notification	Field Trip Participant's Signature	
Workers Compensation Form Completed? <i>Yes: _____ No: _____ (If Yes, Please Attach Copy)</i>	<i>Date of Completion of Form</i>	
Location of Occurrence (Outcrop, Highway, City, etc.)		
Other Personnel Involved in Incident/Accident		
Field Trip Participant's Report of Incident/Accident. Describe Activity That Led to Incident/Accident Stating What Equipment (e.g., tools, etc.) Was Involved. Describe the Nature and Cause of the injury.		
Are There Any Witnesses? <i>Yes: _____ No: _____</i>		

**Names and Addresses of Witnesses**

**Statements of Witnesses First on Scene of Incident/Accident**

**Statements of Other Witnesses**

If more space is required use a separate sheet of paper.