



Annex 1.1.a Incident Report

Date: _____ Time: _____ Time SCD Alerted: _____

Name of individual Completing Incident Report: _____

Names of Individuals Involved	Camper/Staff/Volunteer?	Comments

DATA: What happened?

ACTION: What did you do? What was done? Who did you notify?



RESPONSE: How was the outcome responded to?

PLAN: What is the ongoing plan to address this?

Any additional information you would like to add?

Name: _____ Signature: _____

Summer Director Name: _____ Signature: _____

Operational Director Name: _____ Signature: _____