|  |  |
| --- | --- |
| **Activity:**  | **Transportation:**  |
| **Leader:**  | **Co-Leader:**  |
| **Driver 1:**  | **Driver 2:**  |
| **# Radios:**  | **First Aid Kit #:**  |

Check the appropriate boxes if there were any problems with or you:

|  |  |  |
| --- | --- | --- |
| Activity:* Getting Lost
* Bad directions
* Inadequate time
* Keeping to schedule
* Cut hike short

MOCA provided Equipment:* First Aid kit supply level
* First Aid Kit used
* Radios
 | Participant:* Sick/Injured
* Exhausted
* Out of water/food
* Behavior

Transportation:* Getting lost
* Driver
* Late/Did not come
 | Vendor Issues * Broken Equipment
* Price difference
* Other

Miscellaneous:* No shows
* Added Attendees
* Opened the medical envelope
* Other issues
 |

**An incident report is required for the items listed in red unless a waiver is obtained.**

The rest of this form is for comments.

* Please provide a brief assessment of how well the activity went.
* Briefly describe all problem areas. (We will ask for more details if needed.)
	+ Do not name a troublesome participant here: Save that for the incident report.
* Please list anything used from the first aid kit, so they are resupplied. Please try to resupply used items yourself.
* Use the other side or a separate sheet if more room is needed.