

LEADER DEBRIEF FORM

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
- Radios

Participant:

- Sick/Injured
- Exhausted
- Out of water/food
- Behavior

Transportation:

- Getting lost
- Driver
- Late/Did not come

Miscellaneous:

- No shows
- Added Attendees
- Vendor
- Used the first-aid kit
- 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 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 other side or a separate sheet if more room is needed.