

# LEADER DEBRIEF FORM

<b>Activity:</b>	<b>Transportation:</b>
<b>Leader:</b>	<b>Co-Leader:</b>
<b>Driver 1:</b>	<b>Driver 2:</b>
<b># Radios:</b>	<b>First Aid Kit #:</b>

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 that it can be resupplied.
- Use other side or a separate sheet if more room is needed.