|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes | No |   | Comment/Response |
| Name |   |   |   |  |
| What activity did you lead? |   |   |   |  |
| Radios |   |   |   |   |
| Number of Radios Returned |   |   |   | 1 2 3 4 5 6 7 8  |
| Any issues with Radios | Yes | No |   | Comments: |
| First Aid Kit |   |   |   |   |
| Where you given a first aid kit | Yes | No |   |   |
| What number kit was it? |   |   |   | # |
| Did you use anything in the first aid kit? | Yes | No |   |    |
| What did you use? |   |   |   |
| Was an incident report filled out? | Yes | No |   | If not, why not?  |
| Do we need to resupply the First Aid Kit before it goes out again? | Yes | No |   | What: |
| Medical Envelope |   |   |   |   |
| Did you open the Medical Envelope |  Yes | No  |   |   |
| Was there an incident report filled out? | Yes | No |   |   |
| If not why not? |   |   |   |   |
| Reimbursement Form |   |   |   |   |
| Was there any expenses to be reimburse? | yes  | No |   | Make sure to fill out an reimbursement form and hand in with all receipts. |
| Incident Report |   |   |   |   |
| Was there reason for an incident report to be filled out? | Yes | No |   |   |
| Is the incident resolved or is there follow-up required | Resolved | Follow up |  | Make sure to give the incident report directly to chairperson.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transportation |   |   |   |   |
| What vehicles did you use? | Bus | Van  | Car | For vans or buses, which number? |
| Any issues with the vehicles? | Yes | No |   | If yes, please describe. |
| Any issues with the Driver? | Yes | No |   | If yes, please describe. If an incident report was filed, please note this instead: |
| Drivers Name? |   |   |   |  |
| Mapping/Directions issues? | Yes | No |   | If yes, please describe: |
| Timing Issues? | Yes | No |   | If yes, please describe: |
| Other comments about transportation? |   |   |   |   |
| Were there any accidents or incidents? | Yes | No |  | If yes was a MOCA Vehicle Accident Report or incident Report completed? Yes NoAn accident report must be completed for ALL accidents. |
| Ratings |   |   |   |   |
| How would you rate your overall experience of the Activity you just led? |   |   |   | Low 1 2 3 4 5 6 7 8 9 10 High |
| What was your low point of the Activity? |   |   |   |   |
| What was your high point of the activity? |   |   |   |   |
| Would you want to lead an activity next time? | Yes  | No |   |  Why or why not? |
| Any issues with any participant(s) on your activity  | Yes  | No |   | If yes, DO NOT describe here. Instead, please complete an incident report, or if the issue does not warrant a formal incident report, notify one of the event chairs verbally. |
| Other comments: |   |   |   |   |