|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 No  An 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: |  |  |  |  |