



Jewish Outdoor Escape 2025

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 the group 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.