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 the schedule
- ☐ Cut the hike short

MOCA provided the 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.