

APPENDIX 4

INCIDENT REPORT FORM

This form is to be completed as soon as practical following resolution of an event involving a medical emergency or other significant site event. Additionally, call the range chairman and a club officer with the details of the incident.

Date: _____ Location: _____

Person Completing this report: _____ Phone: _____

Witness: _____ Phone _____

Incident Summary: _____

Describe immediate actions taken: _____

Describe follow-up actions required: _____

Reviewed by: _____ Date: _____

(Club Officer)

Comments:
