

ACCIDENT / INCIDENT REPORT
PLEASE PRINT LEGIBLY ON THIS FORM

Name of Party: _____ Date of Injury/Incident: ____ / ____ / ____

Address of Party: _____

City: _____ State: _____ Zip Code: _____

RANGE SAFETY OFFICERS MUST FILL OUT AND SIGN THIS REPORT
AFTER IT HAS BEEN COMPLETED!

1) Describe the nature and extent of the injury/incident. (Please be specific as possible.)

2) Describe how the injury/incident occurred: _____

3) Describe First Aid Administered: _____

4) First Aid was Administered by, (Include names and phone numbers): _____

5) Location of Incident and condition of area: _____

6) Was protective equipment in place at time of the injury/incident? (Eye & Ear): Yes ___ No ___

7) Describe the steps taken to preserve the scene where injury occurred (Equipment, photographs, etc.) _____

USE OTHER SIDE OF THIS FORM TO DOCUMENT WITNESS STATEMENTS

WITNESS NAME:

ADDRESS:

PHONE NUMBER:

<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>

8) Witness statements: _____

9) Date of Discussion: ____ / ____ / ____

10) Action Taken: _____

11) Resolution: _____

