

# Safety Incident Report

Documented by: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Indicate type of incident: ☐ Accidental Discharge ☐ Personal Injury ☐ Other  
☐ Near Miss ☐ Property Damage

| Put a check ( ✓ ) under the appropriate response                                                                              | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Was the person(s) involved a member of Shooters Ranges?                                                                       |     |    |
| Was the accident the result of firearm/equipment malfunction?                                                                 |     |    |
| Did the accident seem to be the result of improper / disregard for / lack of training / lack of firearm and safety education? |     |    |
| Was First Aid administered?                                                                                                   |     |    |
| Was 911 or other emergency personnel called to the scene?                                                                     |     |    |
| Was CPR or use of the defibrillator required?                                                                                 |     |    |
| Were bodily fluids/biohazardous materials properly cleaned up?                                                                |     |    |
| First-Aid kit need refilled?                                                                                                  |     |    |
| Biohazard Kit need refilled?                                                                                                  |     |    |

All "NO" answers or "Other" type of incident must be commented on in the space provided below. Provide as much detail as possible for the incident being reported. All incidents must be reported to the Shooters Ranges management for investigation.

Comments: \_\_\_\_\_

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