

Bridgeport Rod & Gun Club Incident Reporting Sheet	Date: _____ / _____ / _____ (Y/M/D) Time: _____
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Type of Incident: <input type="checkbox"/> Property Damage (Building, Baffles, etc.) <input type="checkbox"/> Safety Violation/Unsafe behaviour <input type="checkbox"/> Range Condition <input type="checkbox"/> Injury <input type="checkbox"/> Other _____	Reported By: Full Name _____ Phone Number _____ Access Card # _____
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RANGE: <input type="checkbox"/> 25 Yard <input type="checkbox"/> 100 Yard <input type="checkbox"/> Archery <input type="checkbox"/> Trap/Skeet	Details of Person/s Involved: Name: _____ (Member / Guest) Name: _____ (Member / Guest)
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Range Open or Closed? _____ Range Sign Displayed? _____ Range Flag Correct? _____

All Shooters Wearing Protective Gear? EYES _____ EARS _____

Incident Details: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Action Taken: <hr/> <hr/> <hr/> <hr/>

Witnesses: <input type="checkbox"/> Member <input type="checkbox"/> Guest Name: _____ Phone #: _____	Witnesses: <input type="checkbox"/> Member <input type="checkbox"/> Guest Name: _____ Phone #: _____
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