

INCIDENT REPORT FORM
Alberta Provincial Rifle Association

Date of Incident _____ Time of day _____

Report Date _____ RSO on Duty : _____

Name of persons submitting this form _____ RSO _____

Describe nature of incident:

How did incident occur?

Location of incident and condition of the area - Range

Was protective equipment being used by those involved _____

What was the immediate response from the range staff

Was serious injury averted _____

If so, how

Could this incident have been avoided _____

If so, how

Witnesses name, address and phone (give them a statement to complete)
