(club name) ……

VICTORIAN AMATEUR PISTOL ASSOCIATION INC.

RANGE INCIDENT / INJURY REPORT

Created by Geoff Murray of Warrigul-Drouin PC, adapted for club use with permission.

Date reported: _____ Time reported: _____

Reported by: _____

Reported to: _____

1. INCIDENT DETAILS:

Date of Incident: _____ Time of Incident: _____

Nature of Incident: _____

_____

_____

Describe any contributing factors and / or basic causes of incident.

(e.g. Firearm handling skills, safety breach, weather, range conditions etc.)

_____

Where did the incident occur? (Exact location or Range number)

_____

IF it occurred on a Range, was it during a match? YES ☐ NO ☐

Was it during a course of fire? (If applicable) YES ☐ NO ☐

What course of fire? (If applicable) _____

Who was the match Range Officer? (If applicable) _____

Were there witnesses? YES ☐ NO ☐

Witnesses: (If applicable)

1. _____

2. _____

3. _____

Did any INJURY result from this incident? YES ☐ NO ☐

If YES go to 2. (turn to page 2)

2. INJURED PERSON/S DETAILS:

 # 1. Is this person a: CLUB MEMBER ☐ COMPETITOR ☐ OFFICIAL ☐ SPECTATOR ☐ VISITOR ☐
(Check one)

Surname: _____ First name/s: _____

Date of birth: _____ Mobile#_____

Address: _____

Nature of Injury (e.g. gun shot, fracture, puncture, laceration, bruise, strain etc.)

_____

Part of body injured (e.g. right wrist, lower back muscles, left eye etc.)

_____

First aid treatment given: NONE ☐ FIRST-AID ☐ DOCTOR ☐ HOSPITAL ☐

Was an AMBULANCE called: YES ☐ NO ☐ Taken to hospital: YES ☐ NO ☐

Other comments: _____

 # 2. Is this person a: CLUB MEMBER ☐ COMPETITOR ☐ OFFICIAL ☐ SPECTATOR ☐ VISITOR ☐
(Check one)

Surname: _____ First name/s: _____

Date of birth: _____ Mobile# _____

Address: _____

Nature of Injury (e.g. gun shot, fracture, puncture, laceration, bruise, strain etc.)

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First aid treatment given: NONE ☐ FIRST-AID ☐ DOCTOR ☐ HOSPITAL ☐

Was an AMBULANCE called: YES ☐ NO ☐ Taken to hospital: YES ☐ NO ☐

Other comments: _____

Has your club Committee been contacted? YES ☐ NO ☐ Who: _____

Were authorities notified? YES ☐ NO ☐ Who: _____

Was family or emergency contact notified? YES ☐ NO ☐ Who: _____

Please forward a copy of the completed report to the VAPA Secretary, PO Box 298 Chirnside Park 3116

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