

**Lemon Grove Rod and Gun Club  
Standard Operating Procedures**

**Appendix G –Injury Incident Report Form**

*approved 27 April, 2015*

Name of Person Reporting Incident: \_\_\_\_\_

Was an RSO on duty: Yes  No  RSO Name \_\_\_\_\_

**Injured Person Information**

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Address: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Name of Parent or Legal Guardian Present: \_\_\_\_\_

Telephone Number - Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

1. Did you observe the incident being reported? Yes  No

2. Describe nature and extent of injury (specific part of body):

\_\_\_\_\_  
\_\_\_\_\_

3. Describe how the injury occurred: \_\_\_\_\_

\_\_\_\_\_

4. Describe first aid given: \_\_\_\_\_

5. First aid was provided by (give name and phone number): \_\_\_\_\_

\_\_\_\_\_

6. Disposition (specify names of hospital, telephone numbers, time of transport, etc.): \_\_\_\_\_

\_\_\_\_\_

7. Notify next of kin (specify time contacted, name of person, and method): \_\_\_\_\_

\_\_\_\_\_

8. Location of incident and conditions of area: \_\_\_\_\_

\_\_\_\_\_

9. Was protective equipment worn (if applicable)? \_\_\_\_\_

\_\_\_\_\_

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10. Describe steps taken to preserve scene of incident (equipment, photographs, etc.): \_\_\_\_\_  
\_\_\_\_\_

11. Participant Observation Statements (Interview participants separately):  
Include names of all persons present on the range at the time of the incident. Use attachments  
and attach to Participation Observation form as needed.

Observer 1 Information

Observer Name: _____
Observer Address: _____
Observer Phone Number – Daytime: _____ Evening: _____
Statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Observer 2 Information

Observer Name: _____
Observer Address: _____
Observer Phone Number – Daytime: _____ Evening: _____
Statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Observer 3 Information

Observer Name: _____
Observer Address: _____
Observer Phone Number – Daytime: _____ Evening: _____
Statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Notes and Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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13. Participation form completed by: Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

14. Disposition and follow up: Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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