

East Texas Rifle and Pistol Club (ETRPC)

Standard Operating Procedure – Safety Incident Report

Revision: 1.0

Issue Date: January 19, 2015

Incident Details

Date of Incident: _____

Time of Incident: _____

Location on Property: _____

Type of Incident (Check all that apply):

Personal Injury Property Damage Other (Specify):

Documented By (Full Name): _____

Contact Information: _____

Involved Party Information

Was the individual(s) involved a member of ETRPC? Yes No

Name(s) of person(s) involved: _____

Contact information (if available): _____

Incident Response Checklist

Action / Condition	YES	NO
Was the incident the result of a firearm or equipment malfunction?	<input type="checkbox"/>	<input type="checkbox"/>
Was first aid administered?	<input type="checkbox"/>	<input type="checkbox"/>
Was 911 or emergency services called to the scene?	<input type="checkbox"/>	<input type="checkbox"/>
Was CPR performed?	<input type="checkbox"/>	<input type="checkbox"/>
Were bodily fluids or biohazardous materials involved?	<input type="checkbox"/>	<input type="checkbox"/>
Were all biohazardous materials properly cleaned and disposed of?	<input type="checkbox"/>	<input type="checkbox"/>
Does the First Aid Kit need to be restocked?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Biohazard Kit need to be restocked?	<input type="checkbox"/>	<input type="checkbox"/>

Note: Any "No" responses must be explained in the Comments section below.

Notes:
