

Westford Sportsmen's Club Incident Report

Date: _____

Time: _____

Check all that apply:

- Accident / Injury
- Emergency Service called
- Safety Incident
- Safety Suggestion
- Other

List Person(s) Involved:

WSC Member ?

- _____
- _____
- _____

Describe Incident or Suggestion: (continue on back of page if necessary)

Describe Remedy:

(continue on back of page if necessary)

Check all that apply:

- EMT / Police resolved
- Person(s) left with them
- First aide administered by people on site (list who and what aide)
- Person(s) left of their own free will
- Person(s) educated on safety violation, behavior stopped immediately.
- Person(s) educated on safety violation, refused to comply and was required to leave WSC property.

Reported By: _____

Date: _____

>>>>List Witnesses on back of this form.<<<<<

Place completed report in the "Incident Report/Suggestions" box for review and/or action by the Executive Board.

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Witnesses: (Include Witness Statement Form for Each)

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

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