EMERGENCY REPORT SHEET

Date		
Name of RSO/	Member	
Approximate	time of day	
EMERGENCY	COMMUNICATIONS	
Contact	Check all that apply	
911		
EMS		
Police		
Fire		
 Call ce Design Direct Y T 3) D 4) L P 	our name and Location, Erie ype of injury or illness (descr or parties) Pescribe any first aid that has	are unloaded and clear. f possible 1/EMS to provide the following information: County Conservation League ibe and answer questions pertaining to injured part been administered ge, parking lot, club house etc.)
Name of injur	ed party:	
Member	Guest	Location/Range

Once the injured party has been cared for contact a board member and/or range safety committee member immediately and report.