



NOTIFICATION OF INCIDENT

DATE:		TIME OF INCIDENT:	
NAME OF CLUB:			
PERSONS INVOLVED:			
<i>IF REQUIRED - INVESTIGATION BY LICENSED ARMOURER (NAME, ARMOURER'S LICENCE NUMBER, QUALIFICATIONS):</i>			

DID PERSON RECEIVE MEDICAL ATTENTION:	YES	NO
<i>IF YES, PLEASE PUT NOTES IN ACTION TAKEN</i>		

DID AMBULANCE OR POLICE ATTEND:	YES	NO
<i>IF YES, PLEASE PUT NOTES IN ACTION TAKEN</i>		

DESCRIPTION OF INCIDENT:

ACTION TAKEN:



NOTIFICATION OF INCIDENT

ROOT CAUSE OF INCIDENT:
RECOMMENDATIONS:

SIGNATURE'S BY RELEVANT PERSONS AS APPLICABLE:	
SHOOTER'S SIGNATURE:	
RANGE OFFICER'S SIGNATURE:	
ARMOURER'S SIGNATURE:	
CLUB CAPTAIN'S/ASSOCIATION CHAIR SIGNATURE:	

The Range Officer has primary responsibility to ensure this form is completed and submitted with applicable signatures.

Please forward the above including any further information (such as photos, armourer's report, medical certificate, etc) to the NRAA no later than **48 hours after the Incident** to admin@nraa.com.au

Where further investigation is required by the NRAA, eg. by an armourer, this should be noted on the initial Incident Form and an updated report issued as soon as possible following investigation.