



Training Injury Report

FETC Form 27

When conducting any Commission-sponsored firearms training, the Lead Classroom Instructor and/or Range Master (or designee) must complete this form for any injuries incurred. Please print legibly when completing this form.

TRAINING CONDUCTED ON: _____
Indicate Date(s)

ASSIGNMENT OF DESIGNATED INDIVIDUALS

Name of Lead Instructor: _____

Name of First Aid Responder #1: _____

Name of First Aid Responder #2: _____

TRAINING SITE INFORMATION

Type of Training being conducted: _____

Name of Training Site: _____

EMERGENCY MEDICAL SERVICES

Name of EMS: _____

EMS Telephone Number: _____ Estimated Response Time To Site: _____

EMERGENCY CARE SERVICES

Name of Hospital: _____

Telephone Number of Hospital: _____

Address of Hospital: _____

