

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:
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:



DESCRIPTION OF INJURY/INCIDENT
Printed Name of Lead Instructor/Range Master (or designee):
Signature of Lead Instructor/Range Master (or designee):
Date Signed:

PLEASE PROVIDE THE COMPLETED FORM TO:

Executive Director County Probation and Parole Officers' Firearm Education and Training Commission 1101 South Front Street, Suite 5600 Harrisburg, Pennsylvania 17104-2522