

Emergency Action Plan

Location of First Aid Kit _____

Location Main Line Telephone _____

INFORMATION TO GIVE THE EMERGENCY SERVICES

Name of Club _____

Address _____

Telephone Number _____

Location Of Club, Grid reference _____

Description of route / access _____

State; Number Of Casualties, Nature Of Injuries, Conscious or Unconscious.

INFORMATION TO BE OBTAINED FROM EMERGENCY SERVICES

Estimated time of arrival? Name of Hospital?

SAFETY OFFICERS ON DUTY

CPSA Safety Officer **Name** _____

First Aider **Name** _____

Shoot director **Name** _____

Club manager **Name** _____

Post accident: inform relatives; restock first aid; complete accident book;
inform insurers; RIDDOR report (if applicable);

On the EMERGENCY SIGNAL
ALL SHOOTING MUST STOP IMMEDIATELY
ALL GUNS TO BE OPENED AND UNLOADED,
ALL TRAPS TO BE UNLOADED AND MADE SAFE