



INFORMATION SHEET

Shooting Range - Personal Injury Report

BEFORE YOU START...

USE THIS FORM to report any incidents of personal injury that have taken place at your shooting range.

A SHOOTING RANGE REPRESENTATIVE MUST COMPLETE ALL SECTIONS OF THE FORM

IF YOU NEED HELP COMPLETING THIS APPLICATION FORM or require another form, call 1 800 731-4000. Additional information and some application forms are also available on our Web site at www.cfc-cafc.gc.ca.

Mail your completed application form and all attachment(s) to:

**Central Processing Site
P.O. Box 1200
Miramichi, N.B. E1N 5Z3**

The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

A - RANGE INFORMATION

Box 1

Provide the range approval number and the name of the range in Boxes 1 a) and b).

C - INCIDENT INFORMATION

Box 3

Provide the details of the incident in Boxes 3 a) to d). In Box 3 e) provide as detailed a description of the incident as possible and report whether medical attention was sought as a result of the incident. If you require more space attach a separate sheet of paper to the form, add the range approval number and name to the top of the sheet.

D - INDIVIDUALS INVOLVED

Box 8 a)

Provide details for each of the individuals involved including any range officers on duty at the time of the incident. If you require more space attach a separate sheet of paper to the form, add the individual's name and firearms licence number to the top of the sheet.

E - SHOOTING RANGE REPRESENTATIVE'S DECLARATION

The shooting range representative must sign and date the report.



For Administrative Use

SHOOTING RANGE - PERSONAL INJURY REPORT

ATTENTION:

Read the Information Sheet for explanations. Use an "X" to indicate your answers (where required). Print clearly in blue or black ink.

A RANGE INFORMATION

1. a) Range approval number BC - 515 - R	b) Range name Telemark Nordic Club Biathlon Range
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B RANGE REPRESENTATIVE

2. a) Last name of range representative	b) First name	c) Middle name	d) Daytime telephone number	Extension
			() -	

C INCIDENT INFORMATION

3. a) Date of incident (Y/M/D)	b) Time of incident <input type="checkbox"/> am <input type="checkbox"/> pm	c) Location of incident
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d) Has the incident been reported to the police?
 Yes No If Yes, Police report number ►

e) Description of incident (if additional space is required, attached a separate sheet)

Check this box if you have attached additional page(s) describing the incident.

D INDIVIDUALS INVOLVED - If more than 3 individuals are involved, please attach a separate page

4. a) Firearms licence number	b) Last name	c) First name	d) Middle name
RESIDENTIAL ADDRESS			
5. a) Street / Land location	b) Apt.	c) Daytime telephone number Extension () -	
d) City	e) Province / Territory	f) Country	g) Postal code
h) Involvement (attach a separate page if necessary and add their name and firearms licence number at the top of each sheet)			

6. a) Firearms licence number	b) Last name	c) First name	d) Middle name
RESIDENTIAL ADDRESS			
7. a) Street / Land location	b) Apt.	c) Daytime telephone number Extension () -	
d) City	e) Province / Territory	f) Country	g) Postal code
h) Involvement (attach a separate page if necessary and add their name and firearms licence number at the top of each sheet)			

8. a) Firearms licence number	b) Last name	c) First name	d) Middle name
RESIDENTIAL ADDRESS			
9. a) Street / Land location	b) Apt.	c) Daytime telephone number Extension () -	
d) City	e) Province / Territory	f) Country	g) Postal code
h) Involvement (attach a separate page if necessary and add their name and firearms licence number at the top of each sheet)			

Check this box if you have attached additional page(s) listing individuals.

E SHOOTING RANGE REPRESENTATIVE'S DECLARATION

I declare that the information provided on this form and any attachments is true and correct to the best of my knowledge.

 Signature (Shooting Range representative)

| | | | | | | | | |
 Date (Y / M / D)

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions outlined in the *Firearms Act*, individual rights regarding personal information are governed by the applicable federal, provincial or territorial legislation relating to access to information and privacy.