

Chambersburg Rod and Gun Club, Inc.

P. O. Box 203

Chambersburg, Pennsylvania 17201

dated: 2022

EMERGENCY PROCEDURES

Accidents and injuries can happen without either warning or the opportunity to properly prepare. The results to individuals involved and to the Club can be devastating. However, an effective plan and appropriate action can lessen the trauma and provide an orderly response.

The effectiveness of the plan is directly related to the level each person accepts as their responsibility. Therefore, it is imperative that each member of the Chambersburg Rod and Gun Club acts correctly and responsibly, in accordance with this plan.

ACCIDENT – INJURY PLAN

1. Asses the nature of the injury or accident to determine the type of assistance needed.
2. Do not move injured person (s) except to prevent further injury.
3. Keep injured person lying down and quiet.
4. Move people away from immediate area – Take command, be calm but be firm.
5. As appropriate, call emergency Community Rescue, Fire or Police at **911**, and stay on the line until they arrive.
6. Assist medical personnel as directed.
7. Secure the name (s) and contact information of witness (es).
8. Fill out, "Personal Injury and Accident Report" on back, immediately while facts are still fresh in your mind.
9. Blank personal injury and accident reports may be found in the Clubhouse vestibule and Clubhouse office)
10. Contact the Club President immediately.
11. Do not discuss the accident or injury with anyone except the Police or first responders. If questioned, by anyone else, the correct response should be, "I am not qualified to answer your questions" and refer all questions to the Club President.

PERTINENT INFORMATION

Club President: _____ Telephone Number: _____

Club Insurance Company: Michael A Star Ins Inc Insurance Number: Q44 0350364 H

Non-Emergency Numbers- Police: 717-264-5161 Fire and EMS: 717-369-2946

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Personal Injury Accident Report

Date of Injury: _____ Time: _____

Name of person(s) involved in Accident/Injury: _____

Address of Person(s): _____

Telephone: _____ Sex: ____ Age: ____

Description of Accident/Injury: _____

Medical Treatment, nature of Injury: _____

Medical Treatment, onsite treatment: _____

Transported to: _____

Transported by: _____

Name of Investigating Officer: _____ Badge No.: _____

This report filled out by: _____ Phone No. _____

Address: _____

Witness(es):

Name: _____ Phone No. _____

Address: _____

Name: _____ Phone No. _____

Address: _____