

INTERNATIONAL FANTASY GAMING SOCIETY
Game Safety Officers Game Report

GAME NAME: _____

Date of Game: _____

Chapter: _____

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GAME SAFETY OFFICER: \_\_\_\_\_

Safety Team:

Other SO's

FATL: \_\_\_\_\_

\_\_\_\_\_

Weapons check: \_\_\_\_\_

\_\_\_\_\_

Melee check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Time Information:

Time GSO Arrival: _____ Departure: _____

First Arrival: _____ Last Departure: _____

Game Start: _____ Game Down: _____

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Site Information:

Location: \_\_\_\_\_

\_\_\_\_\_

Elevation: \_\_\_\_\_ Terrain Type: \_\_\_\_\_

Ground Cover: \_\_\_\_\_

Facilities available: \_\_\_\_\_

\_\_\_\_\_

Nearest EMS Responder: \_\_\_\_\_

\_\_\_\_\_

Primary Medical Facility: \_\_\_\_\_

\_\_\_\_\_

Site Weather:

\_\_\_\_\_

\_\_\_\_\_

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GAME INFORMATION:

Number of Teams: _____ Players per team: _____

Number of encounters: _____

Number of NPC's: _____ Number of Staff: _____

Number of Water Stations: _____

Total number of persons signed in/out: _____

Meals served (Hot/Cold): _____

Number of Minors: _____

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Pre Existing Injuries: _____

Injuries: _____

Injuries requiring Treatment: _____

Complaints: _____

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Technical Effects (Type and brief description):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Problems – Solutions, Comments & Recommendations:

Game Safety Officer

Date

