GAME NAME: 
Date of Game: 
Chapter: 

GAME SAFETY OFFICER: 
Safety Team: 
Other SO’s 
FATL: 
Weapons check: 
Melee check: 

Time Information: 
Time GSO Arrival: 
Departure: 
First Arrival: 
Last Departure: 
Game Start: 
Game Down: 

Site Information: 
Location: 
Elevation: 
Terrain Type: 
Ground Cover: 
Facilities available: 
Nearest EMS Responder: 
Primary Medical Facility: 

Site Weather: 

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: 
Pre Existing Injuries: 

Injuries: 

Injuries requiring Treatment: 

Complaints: 

Technical Effects (Type and brief description): 

Problems – Solutions, Comments & Recommendations: 

Game Safety Officer ___________________________ Date ___________________________