

INTERNATIONAL FANTASY GAMING SOCIETY
Technical Safety Officers Game Effects Report

Game Name: _____

Chapter: _____

Encounter Name/Designation: _____

Type of Effect: _____

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**PERSONNEL:**

Other SO team Personnel

GSO: \_\_\_\_\_

\_\_\_\_\_

TSO: \_\_\_\_\_

\_\_\_\_\_

CP/QP: \_\_\_\_\_

\_\_\_\_\_

EC: \_\_\_\_\_

\_\_\_\_\_

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ENCOUNTER/EFFECTS DESCRIPTION:

Can continue on back if needed.

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**PROBLEMS - SOLUTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can continue on back if needed.

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SAFETY EQUIPMENT ON-HAND/USED:

Can continue on back if needed.

Technical Safety Officer

Date

Attach to IFGS SO Form 02 Game Report.

