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## Saves Club Incident Report Form

The technical and personal information provided below is required to help the Med-Eng Research & Development team assess the effectiveness of its protective equipment and to determine if the applicant qualifies under the terms of the Med-Eng Saves Club program. If the applicant qualifies, only their name, organization, personal protective equipment worn and date of incident will be made public. All information regarding injury or the incident will be kept confidential unless otherwise authorized by the applicant.

Today's Date \_\_\_\_\_ Date of Incident \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Rank/Title \_\_\_\_\_

Type of Injury (check all that apply)

- |                                                    |                                                                |
|----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Blast (Overpressure)      | <input type="checkbox"/> Fragmentation                         |
| <input type="checkbox"/> Impact                    | <input type="checkbox"/> Heat (Flash Flame / Incendiary Agent) |
| <input type="checkbox"/> Chemical/Biological Agent | <input type="checkbox"/> No Significant Injury Sustained       |

Please provide a description of the incident, including additional information or photos if available:

Please indicate the distance from the explosive at the time of the blast: \_\_\_\_ m / ft

- Hot Zone       Warm Zone       Cold Zone

Please identify the model of protective equipment worn at the time of the incident:

Suit Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Date of Manufacture: \_\_\_\_\_

Helmet: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Date of Manufacture: \_\_\_\_\_

Additional Protective Equipment: \_\_\_\_\_

Applicant's Personal Address: \_\_\_\_\_ Applicant's Organization: \_\_\_\_\_

\_\_\_\_\_  
Organization Point of Contact:

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Tel: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Please submit this completed form to Chris Cowan, Lives Saved Program Manager  
[chris.cowan@safariland.com](mailto:chris.cowan@safariland.com)