

Rock Climbing Gym Incident Report

Date of Incident

Time of Incident

Location in Gym

Name of Person(s) Involved

Age

Contact Information

Role (Climber, Staff, Bystander, etc.)

Description of Incident

Was There an Injury?

If Yes, Describe Injury

Witnesses (Names & Contact Info)

Actions Taken

Follow-Up / Additional Notes

Staff Member Completing Report

Date