Injury Free Event

Safety Report

Players Name_____ Date _____ Team_____

Coach Name_____ Time_____ Location_____

WHAT HAPPENED

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_____
_____

HOW IT HAPPENED

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_____

HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED

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RECOMMENDED ACTIONS - CORRECTIVE ACTIONS

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_____

SUMMARY

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Return to Safety Officer or League President within 24 hours of event.

info@mllsoftball.com