



EQUIPMENT RELATED INCIDENT REPORT

The object of this form is to encourage Packers and Riggers to share information, following an equipment related incident on the ground. Please fill in each section with as much detail as possible.

Brief Title of Occurrence/Incident

Description of Occurrence/Mistake/Incident

Rig type	Canopy Type	Packer/Rigger	AP / Rigger number	Date	Location
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Name and status of person making report:
(i.e., Instructor, Rigger, etc)

Signed:

Date:

Please answer where applicable		
Has the rigger/packer been informed?	When?	What (if any) was their response?
Has the kit manufacturer been informed?	When?	What (if any) was their response?

RIGGERS CHAIRMAN COMMENTS-ASSESSMENT/ACTION TAKEN/SUGGESTIONS TO PREVENT