

**SAN CLEMENTE LITTLE LEAGUE
2008
SAFETY PROBLEM & TIP REPORT FORM**

DATE: _____ TEAM(S): _____

REPORTER: _____

PHONE: _____ FIELD: _____

EMAIL: _____

DIVISION: T-BALL A AA AAA MAJOR JUNIOR

TYPE OF INCIDENT: (Describe Fully) _____

Action Taken: First Aid at Field To Doctor To Hospital

TIP & SOLUTION: (Give Details) _____

Person Form Submitted to: _____

Board of Directors Action: _____

Sam Masotto, Safety Officer