



EIP INCIDENT REPORT FORM

Please use this form to report any fault in, damage to, or misuse of items of safety related equipment.

By collating this information the BMC hope to provide early warning of design or manufacturing faults for the benefit of climbers or the trade.

Publicity will not be given to individual cases without prior discussion with the manufacturer or importer.

Office use only: I.R. Ref: _____

From		Owner/User, if not as before	
Address		Address	
Postcode		Postcode	
Tel		Tel	
Email		Email	

EQUIPMENT (tick relevant box)			
A Footwear	<input type="checkbox"/>	K Chock/nut	<input type="checkbox"/>
B Rope	<input type="checkbox"/>	J Tape/sling/accessory cord	<input type="checkbox"/>
C Karabiner	<input type="checkbox"/>	L Mechanical adjustable chock (Camming device)	<input type="checkbox"/>
D Ice axe or hammer	<input type="checkbox"/>	M Ascender	<input type="checkbox"/>
E Harness	<input type="checkbox"/>	N Fall arrester or descender	<input type="checkbox"/>
F Helmet	<input type="checkbox"/>	P Ice screw or piton	<input type="checkbox"/>
G Stove	<input type="checkbox"/>	R Crampon	<input type="checkbox"/>
O Other	<input type="checkbox"/>		<input type="checkbox"/>

Manufacturer		Model	
Condition		Age	
Size			

Nature of damage	
How did it happen? (Be as precise as possible, use extra paper if necessary)	
Was anyone injured in connection with the incident? If so, state the nature of the injury	

Action taken and the equipment		
Returned to retailer	<input type="checkbox"/>	Scrapped or replaced
Returned to customer	<input type="checkbox"/>	Sent to the BMC
Returned to manufacturer/importer	<input type="checkbox"/>	Other (specify)

Signature _____ Date _____