Strong Enterprises "The parachute company with imagination" Division of S.E. Inc.

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www.strongparachutes.com sales@strongparachutes.com tandem@strongparachutes.com

Date	Rec	'd at	S.E.:
Time	e:		

Strong Tandem Incident Report

Report incidents & malfunctions Toll Free 1-800-344-6319

It is required a Written submission of this information to Strong Enterprises of each tandem parachute jump resulting in a reserve			
r	parachute activation, or resulting in injury or death to the cert	ified instructor or student jumper, within 48 hours of the incident	t. Items
i	n bold are REQUIRED.		
	Reported by:	Incident date:	

Address:	Incident location:			
Phone:	Tandem Instructor's name:			
Student's name:	Tandem Instructor's phone:			
Main Canopy serial no:	Tandem Instructor no. of tandem jumps:			
Main Canopy Mfgr/Model:	Tandem Instructor total no. of jumps:			
H/C Type(DHT/TNT) & Serial No.:	No. of jumps on main canopy:			
Reserve Type (Master/Patronus) & Serial No.:				
Check all that apply:				
Serious injury (break; hospital, etc.)	Instructor Student			
Minor injury (sprain, etc)	Instructor			
Operator malfunction (brain lock)	emarks:			
Main Canopy Malfunction				
Major Malfunction (cut away)				
Minor problem (control, etc.)				
Main canopy damage				
Normal reserve opening				
Problem with reserve				
Reserve damage				
Problem with landing				
Other (please explain)				
Narrative description of events, including any injuries to the instructor and/or student:				
E FORM NO 580352, REV.F 05/15/2017 DA	ATE REPORT COMPLETED:			