Incident Report Form

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| Address:  |
| Phone Number: | Email: |
| Contact Person: | Date of Incident: |
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| Time of Accident/Incident:  | Horse Name:  |
| Weather Conditions: |
| Person attending to injured: | Client to Facilitator Ratio:  |
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| Injured Persons Details: |
| Name: |  |
| Address: |  |
| Phone Number: | Date of Birth: |
| Accident Occurred:  |  |
| Injury Location: | * Head (Skull, Face, Jaw, Ears)
 | * Trunk (Chest, Abdomen, Buttock, Pelvis)
 | * Leg (Hip, Thigh, Knee, Ankle, Foot, Toe)
* Other
 | * Eye
* Spine
* Internal
* Neck
 | * Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb
 |
| Severity of the injury:  | * First Aid (Continued on with Session)
 | * First Aid (Went Home)
 | * First Aid (Sort med attention after leaving)
 | * Ambulance
* Doctors
* Hospital Treatment
 | * Fatal
* Other
 |
|  |
| Witness Details:  |
| Name: | Date of birth:  |
| Address: | Staff | * Yes
 | * No
 |
| Phone Number: | Volunteer | * Yes
 | * No
 |
|  | Client | * Yes
 | * No
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| Incident / Accident Summary  |
| Description of the incident, exact location, observations of signs and symptoms of the injuries, treatment and follow up: include times and names of those involved in treatment and stages.  |
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| Signed:  | Date:  |
| * Attach signed waiver
 | * Attach photos
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| * Attach supporting documentation – including outcome
 | * Submit to manager/ and or client file
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