Incident Report Form

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| Address: | | | | | |
| Phone Number: | | | Email: | | |
| Contact Person: | | | Date of Incident: | | |
|  | | | | | |
| Time of Accident/Incident: | | | Horse Name: | | |
| Weather Conditions: | | | | | |
| Person attending to injured: | | | Client to Facilitator Ratio: | | |
|  | | | | | |
| 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 |
| * Attach supporting documentation – including outcome | * Submit to manager/ and or client file |