



Incident Report Form

Chapter/Organization Name: _____

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

Type of incident (check all appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Injury to person | <input type="checkbox"/> Collision Major |
| <input type="checkbox"/> Injury to horse | <input type="checkbox"/> Collision Minor |
| <input type="checkbox"/> Upset | <input type="checkbox"/> Near Miss |
| <input type="checkbox"/> Runaway | |

Location of incident: _____

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT:

DESCRIPTION OF INCIDENT (including un-biased view if the person/horse contributed to the incident)

PROPERTY DAMAGE :

ITEM DAMAGED:

DETAILS:

PHOTOS TAKEN AND BY WHOM:

Yes _____ No _____ Name _____



Incident Report Form

PERSONAL INJURY:

1. Injured person NAME: _____

ADDRESS:

TELEPHONE NO: _____

Description of injury

2. Injured Person: NAME: _____

ADDRESS:

TELEPHONE NO: _____

Description of Injury

3. Injured Person: NAME: _____

ADDRESS:

TELEPHONE NO: _____

Description of Injury

WAS INJURED PERSON TAKEN TO:

- Treatment by first aider Doctor or hospital Ambulance

NAME OF FIRST AIDER/ PERSON ATTENDING: _____

CONTACT NO: _____

WAS INJURED PERSON:

- Reasonable Upset Aggressive



Incident Report Form

EQUINE INJURY:

1. Describe injury to equine:

Name and contact info of owner:

2. Describe injury to equine:

Name and contact info of owner

3. Describe injury to equine:

Name and contact info of owner:

Was injured equine taken to:

Treatment by First Aider

Taken to Vet Clinic

Name of first Aider /Person attending: _____

Contact Info: _____



Incident Report Form

EMERGENCY RESPONSE PLAN:

Was ERP completed _____ Completed By _____

Was Safety Officer Assigned _____ Name _____

Add relevant comments

Witness Details (If more than one witness is involved provided the following information on a separate page for each witness)

Attach statement

Name of witness to Incident:

Phone No:

INCIDENT REPORT COMPLETED

BY: _____

DATE COMPLETED: _____

INCIDENT REPORTED TO:

Date Reported _____

Please submit completed incident report form to Steve Remus, vanspaisleyfarm@hotmail.com or Box 575 Redwater, AB T0A 2W0. Information will be kept anonymous and used for prevention and education purposes only.