

Training Incident Report (non-riding)

Mark selections clearly with a cross.

Section 1: Incident/Examination ID

Location: _____ Day: ____ / ____ / ____ Year: ____ Time (24:00 hrs): ____

Name: (Include initials) _____
Address: _____
Phone: _____
DOB: _____ Occupation: _____
 Male Female Experience in Role: _____
Employer: _____
Company Name (if contractor) _____

Was an examination performed? Yes No

Name of Horse: _____ Age: _____ Sex: _____

Trainers Name: _____

Section 2: About the Incident (cont)

Witness Name: _____
Address: _____ Telephone: _____
Property Damage: No Yes Description: _____

Section 3: Examination results

Significant findings detected? Yes No

Nature and location of injuries/symptoms: _____
Treatment / Other comments: _____
Diagnosis (if known): _____

Section 2: About the Incident

Weather: Fine O'cast Showers Raining
Visibility: Good Poor Foggy
Wind: Calm Mild Moderate Strong

| A. Position | B. Activity | C. When | D. Where |
|--|--|--|---|
| <input type="checkbox"/> Jockey | <input type="checkbox"/> Leading | <input type="checkbox"/> Before training | <input type="checkbox"/> Horse truck |
| <input type="checkbox"/> Strapper | <input type="checkbox"/> Saddling | <input type="checkbox"/> Going to track | <input type="checkbox"/> Horse trailer |
| <input type="checkbox"/> Trainer | <input type="checkbox"/> Assisting to mount | <input type="checkbox"/> Commencing training | <input type="checkbox"/> Horse Vehicle park |
| <input type="checkbox"/> Barrier Att. | <input type="checkbox"/> Barrier duties | <input type="checkbox"/> During training | <input type="checkbox"/> Stalls |
| <input type="checkbox"/> Starter | <input type="checkbox"/> Hosing | <input type="checkbox"/> Finishing training | <input type="checkbox"/> Internal road/path |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Grooming | <input type="checkbox"/> Leaving track | <input type="checkbox"/> Public road/path |
| <input type="checkbox"/> Track Staff | <input type="checkbox"/> Bandaging | <input type="checkbox"/> Returning to stables | <input type="checkbox"/> Track - Sand |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Vet procedure | <input type="checkbox"/> After training | <input type="checkbox"/> Track - Grass |
| <input type="checkbox"/> Public | <input type="checkbox"/> Loading/unloading | <input type="checkbox"/> Swimming horse | <input type="checkbox"/> Track - Synthetic |
| <input type="checkbox"/> Other (details below) | <input type="checkbox"/> Other (details below) | <input type="checkbox"/> Afternoon exercise | <input type="checkbox"/> Start - on barrier |
| | | <input type="checkbox"/> Other (details below) | <input type="checkbox"/> Start - on ground |
| | | | <input type="checkbox"/> Horse wash |
| | | | <input type="checkbox"/> Swimming Pool |
| | | | <input type="checkbox"/> Stables |
| | | | <input type="checkbox"/> Other (detail below) |

E. What? (multiple)
 Kicked (back leg)
 Struck (front leg)
 Trampled
 Rolled on
 Crushed
 Hit by head
 Bitten
 Stood-on
 Near-miss (detail below)
 Other (detail below)

F. Cause (multiple)
 Started/shied
 Bucked
 Reared
 Collapsed
 Equipment failure
 Loose horse
 Horse slipped
 Unknown
 Other (detail below)

G. PPE and Risk Factors (complete for falls or impact to PPE)

Helmet Yes No

Make: _____
Model: _____
Age: _____

Vest Yes No

Make: _____
Model: _____
Age: _____

Footwear

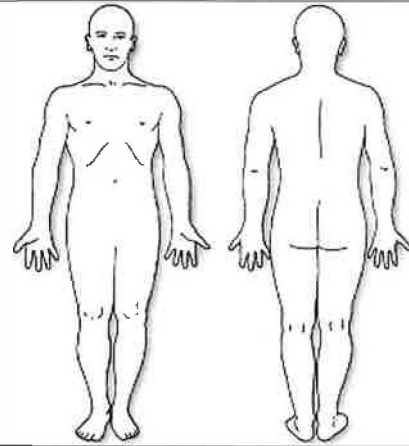
Leather boot/shoe
 Boot with toecap
 Runners
 Other

H. Impacted

Barrier
 Ground
 Other horse
 Other (detail below)
 Not applicable

Comments on circumstances of incident (Note any hazards)

Follow-up hazard report recommended? Yes No



Findings Please provide as much detail as is available

Musculoskeletal

- Joint Dislocation
- Muscle Joint injury
- Tendon / ligament
- Bone (fracture)

Abdominal

- Pain
- Internal haemorrhage

Respiratory

- Coughing
- Respiratory distress
- Wheezing
- Chest pain

Neurological

- Head injury Unconscious (Time?)
- Spinal injury Fitting
- Eye injury
- Paralysis
- Sensory changes

Integument

- Laceration
- Bruising / contusion
- Abrasion
- Puncture

Outcome

No injury, returned to work
 Minor injury, no treatment returned to work
 First aid, returned to work
 First aid, off work
 Taken to hospital
 Died at track

Medical findings reported by

Doctor
 Ambulance officer
 First aid officer
 Steward
 Other (explain in comments)

Follow-up medical report recommended? Yes

Medical clearance required before working? Yes

Medical Official: Name: _____ Sign: _____

Industry Official: Name: _____ Sign: _____