

Training Incident Report (non-riding)

T NR

Mark selections clearly with a cross.

Section 1: Incident/Examination ID

Location	Day	Month	Year	Time (24:00 hrs)
	/	/		:
Name:(Include initials)				
Address:				
Phone:				
DOB:		Occupation:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Experience in Role:		
Employer:				
Company Name (If contractor)				
Was an examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Horse:			Age:	Sex:
Trainers Name:				

Section 2: About the Incident (cont)

Witness Name:
Address:
Telephone:
Property Damage: <input type="checkbox"/> No <input type="checkbox"/> 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

- Jockey
 Strapper
 Trainer
 Barrier Att.
 Starter
 Veterinarian
 Track Staff
 Owner
 Public
 Other (details below)

B. Activity

- Leading
 Saddling
 Assisting to mount
 Barrier duties
 Hosing
 Grooming
 Bandaging
 Vet procedure
 Loading/unloading
 Other (details below)

C. When

- Before training
 Going to track
 Commencing training
 During training
 Finishing training
 Leaving track
 Returning to stables
 After training
 Swimming horse
 Afternoon exercise
 Other (details below)

D. Where

- Horse truck
 Horse trailer
 Horse Vehicle park
 Stalls
 Internal road/path
 Public road/path
 Track - Sand
 Track - Grass
 Track - Synthetic
 Start - on barrier
 Start - on ground
 Horse wash
 Swimming Pool
 Stables
 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)

- Startled/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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make	
Model	
Age	
Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make	
Model	
Age	

H. Impacted

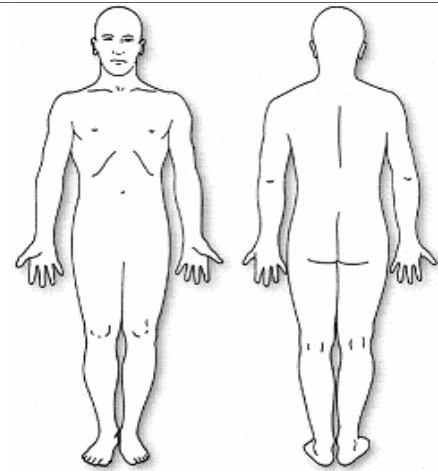
- Barrier
 Ground
 Other horse
 Other (detail below)
 Not applicable

Footwear

- Leather boot/shoe
 Boot with toecap
 Runners
 Other

Comments on circumstances of incident (Note any hazards)

Follow-up hazard report recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No



Findings Please provide as much detail as is available

- | | | |
|--|---|--|
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Joint | <input type="checkbox"/> Dislocation |
| | <input type="checkbox"/> Muscle | <input type="checkbox"/> Joint injury |
| | <input type="checkbox"/> Tendon / ligament | |
| | <input type="checkbox"/> Bone (fracture) | |
| <input type="checkbox"/> Abdominal | <input type="checkbox"/> Pain | |
| | <input type="checkbox"/> Internal haemorrhage | |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Coughing | |
| | <input type="checkbox"/> Respiratory distress | |
| | <input type="checkbox"/> Wheezing | |
| | <input type="checkbox"/> Chest pain | |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Head injury | <input type="checkbox"/> Unconscious (Time?) |
| | <input type="checkbox"/> Spinal injury | <input type="checkbox"/> Fitting |
| | <input type="checkbox"/> Eye injury | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Integument | <input type="checkbox"/> Laceration | <input type="checkbox"/> Sensory changes |
| | <input type="checkbox"/> Bruising / contusion | |
| | <input type="checkbox"/> Abrasion | |
| | <input type="checkbox"/> 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.