

Raceday and Trial Incident Report (non-riding)

R NR

Mark selections clearly with a cross.

Section 1: Incident/Examination ID

| | | | | |
|--|---------------------------------|---------------------|------|------------------|
| Track Name | 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)

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|--|
| 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
- Clerk
- 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 race
- Start prior to loading
- Start during loading
- Start when loaded
- After race
- Other (details below)

D. Where

- Horse truck
- Horse trailer
- Horse Vehicle park
- Stalls
- Internal road/path
- Public road/path
- Start - on barrier
- Start - on ground
- Horse wash
- 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)

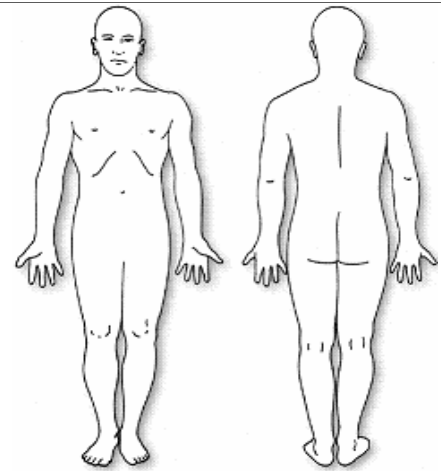
G. PPE and Risk Factors

(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 | |
| Footwear | |
| <input type="checkbox"/> Leather boot/shoe | |
| <input type="checkbox"/> Boot with toecap | |
| <input type="checkbox"/> Runners | |
| <input type="checkbox"/> Other | |

H. Impacted

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



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)

Comments on circumstances of incident (Note any hazards)

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Is a follow-up hazard report recommended? Yes No

Follow-up medical report recommended? Yes

Medical clearance required before working? Yes

| | |
|--------------------------|-------|
| Medical Official: Name: | Sign. |
| Industry Official: Name: | Sign. |