



Australian Stock Horse

Australian Stock Horse Society Incident Report - Page 1

ABN 35001440437

Amended: 16/04/2014

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Branch/Management Council

Event Name

Location of Incident/Accident

Date of Incident/Accident

Time

am/pm

Type of Incident/Accident (please tick)

Personal Injury (Part 1)

Property Damage (Part 2)

Near Miss (Part 3)

Incident Report completed by

Position

Signature

Date

PART 1 - PERSONAL INJURY (Complete if you ticked Personal Injury)

Injured Person/s

Age

Address

Phone (BH)

Phone (AH)

Describe in full how the incident occurred (if insufficient space, please attach separate sheet)

Describe the action taken

Describe the Injuries in detail, indicating specific body parts

Did any medically trained personnel (doctors/nurses etc) assist? (if yes, give names)

Staff/Society Representatives present

Witnesses (please name and provide contact details)

Was the Emergency Plan activated?

Was the Ambulance called?

Was the injured person taken to hospital? (if yes, which hospital?)

If no, did they refuse medical treatment?

Action taken to prevent a similar occurrence



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PART 2 - PROPERTY DAMAGE (Complete if you ticked Property Damage)

Describe in full how the incident occurred (if insufficient space, please attach separate sheet)

Describe the action taken

Describe the damage in detail, indicating specifics

Staff/Society Representatives present

Witnesses (please name and provide contact details)

Was the Emergency Plan activated?

Was the incident reported to the relevant governing body (local council, local branch etc)?

Have the Police any report on the matter? Yes / No (If Yes) Name of Police Officer

Name of Police Station

Phone Number

Give full particulars of any personal injury, names, addresses and telephone numbers

Action taken to prevent a similar occurrence



PART 3 – NEAR MISS (Complete if you ticked Near Miss)

Describe in full how the incident occurred (if insufficient space, please attach separate sheet)

Describe the action taken

Staff/Society Representatives present

Witnesses (please name and provide contact details)

Was the Emergency Plan activated?

Was the incident reported to the relevant governing body (local council, local branch etc)?

Action taken to prevent a similar occurrence

RETURN DETAILS

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