

## ACCIDENT AND INCIDENT FORM FOR WENZ PARTICIPANTS

**THIS PAGE IS TO BE COMPLETED BY THE PERSON INVOLVED IN THE ACCIDENT/INCIDENT – or their nominee**

**Name:**

**Date of incident:**

**Time of incident:**

**First Name of Injured Person:**

**Last Name of Injured Person:**

**Rider** ☐

**Official** ☐

**Judge** ☐

**Spectator** ☐

**Groom** ☐

**Horse** ☐

**Other:**

**Location of incident:** (e.g. kitchen, arena, paddock, car park )

**Name of person completing this form:**

**Relationship to injured person:**

**Date:**

**A. Describe the accident/incident – what happened, how did it happen and what caused it to happen?**

**B. Did the incident involve an injury?  
Which part(s) of the body was injured? If applicable.**

<p><b>C. What type of injury occurred? Please tick the relevant box.</b></p> <p>No injury <input type="radio"/>    Near miss <input type="radio"/>    Strain/Sprain <input type="radio"/>    Scald <input type="radio"/>    Small cut <input type="radio"/></p> <p>Abrasion (broken skin) <input type="radio"/>    Bruising <input type="radio"/>    Burn <input type="radio"/>    Fracture <input type="radio"/>    Large laceration <input type="radio"/></p> <p>Dislocation <input type="radio"/>    Amputation <input type="radio"/></p> <p>Other <input type="radio"/> Details:</p>
<p><b>D. Treatment/First Aid given?</b></p> <p>First Aid <input type="radio"/> Details:</p> <p>Doctor <input type="radio"/>                      Veterinary <input type="radio"/>                      Other <input type="radio"/> Details:</p>

**THIS PAGE TO BE COMPLETED BY THE EMERGENCY MANAGEMENT TEAM MEMBER  
INVESTIGATING THE ACCIDENT/INCIDENT**

(add sheets if necessary)

**E. What was the cause(s) of the accident/incident?**

**Was this a Near Miss** ☐ **Describe:**

**Other** ☐ **Describe:**

**Was the injury a Serious Harm?** **No** ☐ **Yes** ☐ If so has WorkSafe NZ been notified **No** ☐ **Yes** ☐

**F. Describe what would prevent the incident occurring again?**

**G. Injury follow up:**

Did injured person see a Dr? Yes ☐ No ☐ N/A ☐

Was the horse seen by a Veterinary? Yes ☐ No ☐ N/A ☐

**Hazard follow up:**

New hazard identified

Yes ☐ No ☐

Hazard report completed

Yes ☐ No ☐

<p>H. <b>Incident follow up</b> (e.g. change to procedure, redesign equipment, training, maintenance, purchasing product/equipment, security measures, better housekeeping, PPE, signage etc.)</p>		
<b>Corrective Action</b>	<b>By when</b>	<b>By whom</b>
<p>I. <b>Investigators name:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>		
<p>J. <b>Date of report to WENZ Health and Safety Committee:</b></p>		
<p>K. <b>By whom:</b></p>		