



# CYC WAIHOLA

**Location:** 70 Finlayson Road, Waihola  
**Postal:** PO Box 15061, Waihola 9243  
**Phone:** 03 417-7120  
**Email:** [info@cycwaihola.org.nz](mailto:info@cycwaihola.org.nz)  
**Web:** <http://www.cycwaihola.org.nz/>

## Horse Incident Reporting Form

• All fields marked with \* are required fields

- All incidents on the Incident Severity Table found in the SMP that are level 3 and above are required to be reported on the National Incident Database (NID) and incidents level 6 and above are required to be reported to Worksafe.
- All incidents are kept on file in the CYC Waihola office.
- All incidents must be reported to the Operations Manager on the appropriate form and kept on file.
- All forms must be completed as soon as possible (preferably within 24 hours) after the incident occurring

### Incident Details

<b>Incident Type*</b>	Near Miss / Accident / Safety Concern / Other:
<b>Group Type*</b>	Riding Club / Pony Camp / Horse Trek / Pleasure Ride / Accommodation Group:
<b>Date of Incident*</b>	
<b>Time of Incident*</b>	

### Riders Details (please note multiple victims names if applicable)

<b>Rider Name*</b>	
<b>Rider Age*</b>	
<b>Noted Injuries*</b> <ul style="list-style-type: none"> <li>• Please tick appropriate box and circle any injuries that have been noted</li> <li>• After any treatment has occurred note any further diagnosed injuries.</li> </ul>	<i>Near Miss:</i> Nearly hit object, Object nearly hit participant, Other: Something nearly seriously injured the participant (please place a asterisk in the category below that would have resulted if it had gone the other way)
	<i>Minimal:</i> Bruises, Grazes, Minor Cuts Participant can continue in activity with no downtime
	<i>Minor:</i> Contusions, Sprain, Minor Laceration Participant can continue after minor first aid and/or limited downtime
	<i>Medium:</i> Dislocation, Head Injury [includes concussion], Simple Fracture, Large Laceration, Participant requires doctor or visit to Emergency Department
	<i>Major:</i> Large Dislocation, Major Fracture, Crush Injury, Loss of Consciousness, Major cut, Temporary Disability Participant requires ambulance to hospital and stay overnight in hospital
	<i>Extreme:</i> Brain Injury, Spinal Injury, Organ Damage, Loss of Limb, Permanent Disability, Death Participant requires immediate evacuation to hospital in serious/critical condition
<i>Other / Comments:</i>	

### Horse Details (please note multiple horses if applicable)

<b>Horse Name:</b>	
<b>Horse Owner:</b>	CYC Waihola / Other:
<b>Horse Injuries:</b>	N/A / Please specify:
<b>Any action taken:</b>	

### Incident Summary

<b>Location of Incident*</b>	Horse Arena / Paddock / Forest / Cross Country Course / Other:
<b>Activity Category*</b>	Riding Incident / Tacking Incident / Paddock Incident / Other:
<b>Numbers present:*</b> <ul style="list-style-type: none"> <li>• Please indicate numbers present in each category</li> </ul>	Number of CYC Horse instructors
	Number of other supervisors (such as teachers, parents, CYC Camp Leaders, etc that are untrained)
	Number of riders in the group (including the rider noted above)
<b>Precipitation</b>	Clear skies / Overcast / Fog / Drizzle / Light Rain / Heavy Rain / Snow
<b>Temperature</b>	Less than 0°C / 0°C - 10°C / 10°C - 20°C / 20°C - 30°C / Over 30°C
<b>Wind Speed</b>	No wind / Breezes / Light Winds / Strong Wind / Very Strong or Gail-force Winds

**PLEASE TURN OVER**

**Incident Detail**

<b>What happened?*</b> <ul style="list-style-type: none"> <li>• please provide as much detail as possible</li> </ul>	
<b>What caused the incident?*</b> <ul style="list-style-type: none"> <li>• please provide your opinion as to why the incident occurred</li> </ul>	
<b>What action was taken?*</b> <ul style="list-style-type: none"> <li>• include any follow-up or changes to procedures made</li> </ul>	

**Signatures**

<b>Supervisor Signature</b>	
<b>Date</b>	
<b>Operations Manager Signature</b>	
<b>Date:</b>	

**CYC OFFICE USE ONLY**

Incident Severity Scale	1	2	3	4	5	6	7	8	9	10
<b>NID Report Posted</b>	Yes / Not required						Required for all level 3 accidents/incidents and above			
<b>WorkSafe Notification</b>	Yes / Not required						Required for all level 6 accidents/incidents and above			
<b>Parents notified</b>	Yes / Not required / Not applicable									
<b>Recommended Policy or Procedural Changes</b>										