

Equestrian Trails, Inc. Incident Log

Date: _____ Corral sponsoring event: # _____

Name of Event: _____

Event Address: _____ City: _____ State: _____

Event Chair Person _____ First Aid Staff _____

<p>Name of Rider/Spectator: _____</p> <p>Age: _____</p> <p>Time: _____</p> <p>Contestant # _____ Corral # _____</p> <p>Name of Equine: _____</p>	<p>Area of Occurrence: Arena Warm-Up Arena On Trail Other (describe) _____</p> <p>Incident: <input type="checkbox"/> Rider, Non-Competition related <input type="checkbox"/> Rider fell off during competition or while in warm up arena. <input type="checkbox"/> Spectator</p> <p>Name 1st Aid Staff: _____</p>	<p>Rider/Spectator: <i>Non-Rider related incident Rider re-mounted or walked out of arena. Rider had no complaint of injury. Verbal evaluation by F/A Staff, no injuries visible. No treatment advised. Physical evaluation conducted by F/A Staff.</i></p> <p>→ <input type="checkbox"/> No injuries detected. → <input type="checkbox"/> Minor injuries detected. (Describe below)</p>
Description of Incident:		
Treatment:		

<p>Name of Rider/Spectator: _____</p> <p>Age: _____</p> <p>Time: _____</p> <p>Contestant # _____ Corral # _____</p> <p>Name of Equine: _____</p>	<p>Area of Occurrence: Arena Warm-Up Arena On Trail Other (describe) _____</p> <p>Incident: <input type="checkbox"/> Rider, Non-Competition related <input type="checkbox"/> Rider fell off during competition or while in warm up arena. <input type="checkbox"/> Spectator</p> <p>Name 1st Aid Staff: _____</p>	<p>Rider/Spectator: <i>Non-Rider related incident Rider re-mounted or walked out of arena. Rider had no complaint of injury. Verbal evaluation by F/A Staff, no injuries visible. No treatment advised. Physical evaluation conducted by F/A Staff.</i></p> <p>→ <input type="checkbox"/> No injuries detected. → <input type="checkbox"/> Minor injuries detected. (Describe below)</p>
Description of Incident:		
Treatment:		