



The Pony Club Association of N.S.W. Inc.

Phone: (02) 4229 8977 Fax: (02) 4229 8966 Email: admin@pcansw.org.au
 Correspondence to: PO Box 2085, Wollongong NSW 2500 Australia
 ABN 50 890 419 366

HAZARD / INCIDNET / NEAR MISS REPORT FORM

All incidents, near misses and hazards should be reported to either your Club/Zone Safety Officer or Committee Member and the State Office where necessary

This form may be used to report the hazard or near miss incident to your Club/Zone Safety Officer for local incidents/near misses i.e. problems with club grounds, horse that kicked out during a rally day that needs to be watched or to the State Office for incidents/near misses which may impact pony club in general i.e. a piece of gear/equipment that may be dangerous if used.

Date and time hazard identified		Risk Assessment Matrix *				
---/---/--- ---- am/pm						
Where is the hazard located	What is the hazard?	How serious could the injury be?	How likely is it to be that serious			
			Very likely	Likely	Unlikely	Very Unlikely
What is the risk?		Death or permanent injury	1	1	2	3
Who is at risk?		Long term illness or injury	1	2	3	4
What action was taken to rectify the immediate danger of the hazard?		Medical attention & several days off	2	3	4	5
Further recommendations for improvements		First aid needed	3	4	5	6
Reported by		Severity – is how seriously a person could be harmed	Likelihood – is an estimate of how probable it is for the hazard to cause harm			
Referred to Club/Zone Safety Officer or State Office						
*Legend (guide only)						
1. Extreme risk; action to rectify the hazard should commence immediately						
2. High risk; action to rectify the hazard should occur within 48 hours						
3. Medium risk; action to rectify hazard should occur with 7 days						
4. Low risk; action to rectify hazard should occur within 14 days						
5. & 6. Minimal risk; action to rectify hazard should occur within 21 days						
This section to be completed by Club/Zone Safety Officer or Committee Member						
Action to rectify the hazard is	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Anticipated completion date			
Controls implemented						
Copy supplied to Safety Officer/Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Safety Officer/Committee Signature						Date:

If further consultation and risk assessment is required please complete a [Risk Management Plan](#).

The completed form is to be retained by the Club/Zone as required. The State Office will consult with the Club/Zone Work Health & Safety committee/Safety Officers if required.



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PREVENTATIVE ACTION REPORT

This form should be completed for all incidents/near misses by the Club/Zone Safety Officer or Committee member in consultation with the injured person or person reporting the near miss.

1 (a) Injured Person details/person reporting near miss			
Surname:			
Given name(s):			
Contact details:			
1 (b) Injury/Incident Details			
Date of incident ___/___/___		Location of incident:	
Name of any witness:		Contact:	
Outline the incident:			
Was any property damaged?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	
What events occurred leading up to the incident?			
What task/activity was the person doing?			
Was the person following instructions?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Was supervision provided to the person performing the task?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Has the person received appropriate training for the task?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Has equipment been maintained in good condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
1 (c) What were the contributing factors?			
<input type="checkbox"/> Inadequate written procedures		<input type="checkbox"/> Unsafe work practice	
<input type="checkbox"/> Inadequate training/instruction		<input type="checkbox"/> Lack of appropriate supervision	
<input type="checkbox"/> Environmental factors		<input type="checkbox"/> Lack of appropriate PPE	
<input type="checkbox"/> Inadequate supervision		<input type="checkbox"/> Behavioural factors	
<input type="checkbox"/> Others – please specify			
1 (d) Controls to be implemented			
Please attached any additional information to this report (e.g. hazard report, risk assessment – refer to Risk Management Policy			
Recommended corrective action:			
Who was consulted to determine action:			
<input type="checkbox"/> Member		<input type="checkbox"/> Safety Officer	
<input type="checkbox"/> Other volunteer		<input type="checkbox"/> Chief Instructor	
Have controls been implemented?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
If no, when planned for?			
Name of person completing the report:			
Position:			
Signature:		Date: ___/___/___	
Have the controls been reviewed:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Date: ___/___/___		Are the controls effective: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Executive committee name:		Signature: _____ Date: ___/___/___	