Center Occurrence Report

Name of involved: Date: Time:

Address:

Phone: (H) (W) Email:

Information About the Occurrence

Location:

Situation:

Witness:

Address: Phone:

Witness:

Address: Phone:

Witness:

Address:

Phone:

*(Please use additional forms for signed statements from witnesses/additional parties involved)*

Description of occurrence:

Environmental factors:

What injuries were incurred?

(over)

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2018

135

An occurrence is any unusual event. It may or may not result in an injury to a participant, staff, volunteer or horse. Any occurrence that results in medical treatment should be phoned in to

the center’s insurance company within 24 hours, whether or not a claim is made. Forms should be filled out the same day, including a narrative of what happened, with signed statements/ reports from any witnesses or participants in the occurrence. Written forms should be sent to the insurance company, with a copy saved in the center’s files.

What treatment was given for injuries?

Who was contacted (e.g., family, doctor, vet)? Indicate time/date

Follow-up calls/contacts

What will be done to prevent this type of occurrence in the future? (This section does not need to be completed prior to

sending to the insurance company)

In your opinion, will a claim be filed?

Y

N

Signature of person filling out form: Date:

Title: Center:

Signature of center director:

Date:

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2018

136