



INCIDENT REPORT PROTOCOLS

Incidents, accidents, issue or conflict must be documented. No matter how small or minor the issue seems, the following documentation protocols must be followed.

MANAGEMENT NOTIFICATION

1. The witnessing staff member must notify the director and location supervisor via phone call and text message, at the time of the incident.
2. After reaching management, the documentation process must be completed.

DOCUMENTATION PROCESS-STAFF MEMBER

1. The Incident Report Form must be completed by the witnessing staff member and the participant or participant's guardian.
2. The Witness Statement Form must be completed by all witnesses.
3. The staff member must take a picture of these forms and the participant's waiver. These pictures are to be texted (within the hour) to the director.

ENVIRONMENT PICTURES

1. The staff member will need to discreetly take pictures that are necessary to document the event.
2. These pictures are to be texted (within the hour) to the director.

INCIDENT REPORT FILE

The location supervisor is responsible for collecting the documents to complete the incident report file. The supervisor will scan the entire file and upload it to the participant's profile in Mindbody software and then submit the official file containing the original hard copies to the director within 24 hours.. A completed file is to include:

1. Incident Report Form-completed & signed by staff member.
2. Incident Report Form-completed & signed by participant.
3. Liability Waiver-completed & signed by participant.
4. Witness Statement-completed & signed by witness.
5. Environment pictures related to incident.
6. Any additional documentation.

DIRECTOR CONTACT INFORMATION

The director can assist with any questions or issues related to incident reports.

Director Cell Phone: 512-940-2017

Email: director@texastrailrides.com

Office Phone: 512-697-9722

Office Address: 9606 FM 1826 Austin, Texas 78737

INCIDENT REPORT FORM



Incident Date:	Time:	Activity:
Ranch Location:	Specific Area:	
PERSON COMPLETING FORM		
Full Name:	<input type="checkbox"/> Ranch Guest	<input type="checkbox"/> Staff
Home Address:		
Contact Phone:	Email:	
PERSON INVOLVED IN INCIDENT		
Full Name:	<input type="checkbox"/> Ranch Guest	<input type="checkbox"/> Staff
Guardian Name:	Relationship:	
Home Address:		
Contact Phone:	Email:	
INCIDENT DETAILS		
Description of incident:		
Was the individual injured? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, describe Injury:		
Was medical treatment necessary? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, describe treatment:		
List witnesses name & contact phone number:		

Signature

Texas Trail Rides LLC.

Date

9606 FM 1826 Austin, Texas 78737

Time

512-697-9722

WITNESS STATEMENT FORM



Incident Date:	Time:	Activity:
Ranch Location:	Specific Area:	
WITNESS INFORMATION		
Full Name:	<input type="checkbox"/> Ranch Guest	<input type="checkbox"/> Staff
Home Address:		
Contact Phone:	Email:	
How are you associated with the incident?		
PERSON INVOLVED IN INCIDENT		
Full Name:	<input type="checkbox"/> Ranch Guest	<input type="checkbox"/> Staff
INCIDENT DETAILS		
Description of incident:		
Was the individual injured?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes, describe Injury:
Was medical treatment necessary?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes, describe treatment:

Witness Signature

Date

Time