

Angel House Australia Equine Risk Management Policy

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ANGEL HOUSE
AUSTRALIA
COMMUNITY MENTAL
15.54.7(C5)

1. INTRODUCTION

All forms of equestrian participation involve inherent risks due to the unpredictable nature of animals that are physically larger and stronger than humans. This document has been endorsed by Angel House Australia as a national policy to ensure:

- Activities are conducted in the safest possible environment.
- All personnel are aware of risk issues and trained to minimise them.
- Safety is a major priority, verified through objective measures.
- The organisation can access affordable insurance based on a low claims record.

1.1 The Aim of Risk Management

The aim is to:

- · Recognize and minimise potential risks.
- Prevent accidents, injuries, and losses.
- Assist in obtaining insurance.
- Limit the possibility of liability.

Education about risk and its prevention is a priority. Before participating in Angel House Australia activities, all concerned parties must be aware of the risks and the procedures in place to minimise them.

1.2 Responsibility

While coaches are responsible for ensuring program sessions are safe, management also has a duty to provide a safe and enjoyable environment. This includes acting honestly, avoiding conflicts of interest, and ensuring all parties understand and follow policies and procedures. Effective risk management requires the support and diligence of coaches, staff, riders, and parents.



1.3 Understanding Risk Management

Effective risk management involves:

- A) Identifying potential hazards.
- B) Assessing the risk of these hazards causing injury or loss.
- C) Deciding how to prevent or minimise these risks.
- D) Implementing procedures to achieve prevention or minimisation.
- E) Monitoring and reviewing the effectiveness of the procedures.

Communication and consultation between parties are key to effective risk management.

1.4 Angel House Australia's Risk Management Policy

Angel House Australia uses best practices in risk management to support and enhance its activities. This includes using structured guidelines based on the Australian Standard AS ISO 31000:2018 to minimise harm to people and horses, damage to property, or disruption to services. Staff and coaches will be trained to implement risk management effectively and commit to continuous improvement.

1.5 Angel House Australia's Risk Management Implementation Procedure

The risk assessment process includes:

- 1. Reading the Risk Management (RM) Policy and Guidelines.
- 2. Assigning an RM officer to ensure checklists are completed and necessary actions are taken.
- 3. Completing the Risk Management Checklist (Appendix 1).
- 4. Placing unchecked items on the Risk Assessment Form (Appendix 2).
- 5. Inspecting the facility for additional risks or hazards.
- 6. Adding additional risks to the Risk Assessment Form.
- 7. Assessing the level of risk for each hazard using Appendices 3 and 4.



- 8. Prioritizing and addressing high-risk items.
- 9. Monitoring and reviewing risks and hazards regularly.
- 10. Repeating the RM process twice per year.
- 11. Refer to the Process of Risk Management (Appendix 5) for additional help.
- 12. Consult the Owner/CEO for any questions.

2. Angel House Australia's Risk Management Guidelines

3. Training

All personnel involved with Angel House Australia must be well-informed and trained to an appropriate level to maintain the highest standard of care.

4. Handling Horses

Handling horses should always be done by experienced handlers familiar with the horses' habits and personalities. Specific guidelines include:

Horses in Paddocks:

o Close gates after entering and leaving.

Feeding:

- Be aware of your position and exit route.
- Feed dominant horses separately.
- Place feed far enough apart to avoid jostling.
- o Ensure all horses have their own portions.
- o Feed in an open area.

Catching & Turning Out Horses:

- Use one leader per horse.
- o Use appropriate gear in good condition.
- o Keep handlers spaced out and release horses one at a time.
- Be cautious with agitated horses.

Stabling:

o Train all staff in safety and horse behaviour issues.



• Leading Unmounted Horses:

- Wear appropriate clothing and footwear.
- o Be aware of environmental factors that may frighten horses.
- o Maintain adequate distance between horses when moving them.

• Training from the Ground:

Supervise activities with a qualified coach.

• Tack Maintenance:

- Store tack properly.
- o Ensure the tack is clean and in good repair.

Saddling Up/Harnessing Up:

- Supervise by a qualified coach.
- o Conduct in a safe, defined area.
- Keep required saddlery accessible.

Mounting and Dismounting:

- o Supervise by a qualified coach.
- o Carry out in a safe, defined area.
- Staff must be trained and familiar with riders.

Ridden Activities at the Venue:

- Supervise by a qualified coach.
- o Riders must wear approved helmets and footwear.
- Ensure riders are registered.
- o Close arena gates and keep the arena free of unnecessary items.

Other Non-Riding Activities:

o Conduct in a safe, designated area supervised by trained staff.

5. Grounds

All visitors should be familiarised with the layout and potential hazards of the facility.

Gates and Fencing:

Regularly check and repair fencing.



- Keep external gates closed during activities.
- o Ensure gate securing mechanisms are functional.

Vehicle Movement and Parking:

- Designate internal access roads and parking areas away from horse activity.
- Maintain walking pace for vehicles and prioritise pedestrian and horse safety.

Ramps, Stairs, and Rails:

 Ensure they are soundly constructed, clearly marked, and have nonslippery surfaces.

Surfaces:

Address areas that can become slippery.

Storage Areas:

- Store equipment away from riding and spectator areas.
- o Ensure storage buildings are lockable.

Other Animals:

 No loose animals during activities (excluding guide and accredited therapy dogs).

Trees:

 Remove hazardous trees and plan landscaping to avoid interference with movement.

Fire Hazards:

o Remove potential fire hazards and maintain fire extinguishers.

Waste Storage and Collection:

Regularly remove waste and arrange for its removal from the site.

• Inspection After Inclement Weather:

o Inspect and address hazards post-weather events.

Water Features:

o Restrict access to water features, especially for children.

Stables and Yards:

o Ensure they are soundly constructed and well-maintained.



6. Equipment

Management is responsible for ensuring all equipment is safe, in good repair, and stored properly. Regular maintenance checks are necessary.

Maintenance of Equipment:

- Avoid using noisy equipment during activities.
- o Ensure authorised personnel operate equipment safely.

• Kitchens and Equipment:

- Supervise access and maintain equipment.
- o Place hazardous equipment out of children's reach.

• Storage Areas:

- Store tack and equipment securely.
- o Control access to storage areas and manage keys responsibly.

7. APPENDICES

7.1 Risk Management Checklist

Complete this checklist every 6 months, noting items currently addressed and using Appendices 2, 3, and 4 to assess and prioritise unchecked items. Add specific items as needed.

7.2 Risk Assessment Form

Use this form with Table 3 to identify and prioritise risks, document dates, and identify responsible parties for follow-up.

7.3 Risk Level Table

This table helps to determine the risk level associated with identified hazards. Risk levels are categorised as Low, Medium, High, or Extreme based on the likelihood and consequence of an event.



Consequence	Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	High	Extreme	Extreme	
Likely	Medium	Medium	High	High	Extreme	
Possible	Low	Medium	Medium	High	High	
Unlikely	Low	Low	Medium	Medium	High	
Rare	Low	Low	Low	Medium	Medium	

7.4 Risk Likelihood and Consequence Scales

Likelihood Scale:

o Almost Certain: Expected to occur frequently.

o Likely: Will probably occur in most circumstances.

o Possible: Might occur occasionally.

o Unlikely: Could occur at some time.

o Rare: May occur only in exceptional circumstances.

Consequence Scale:

o Insignificant: No injuries, low financial loss.

o Minor: First aid treatment, minor financial loss.

 Moderate: Medical treatment is required, and there is moderate financial loss.

o Major: Extensive injuries, significant financial loss.

o Catastrophic: Death, huge financial loss.

7.5 Service Agreement and Consent/Waiver (Appendix 6)

Participants must sign a service agreement and consent/waiver form, acknowledging understanding of the risks and agreeing to abide by Angel House Australia's policies and procedures.

7.6 Accident Report Form (Appendix 7)

Use this form to document any accidents that occur, providing details on the incident,

individuals involved, and immediate actions taken.

7.7 Incident Report Form (Appendix 8)

Use this form to document any incidents, near misses, or unsafe conditions observed,

ensuring they are reported and addressed promptly.

Legislative and Regulatory Compliance

Angel House Australia's risk management practices comply with relevant legislation and

standards, including:

• National Disability Insurance Scheme (NDIS) Act 2013: Ensuring services align

with NDIS requirements.

• NDIS Practice Standards and Quality Indicators: Meeting high standards of

practice and quality in service delivery.

Work Health and Safety Act 2011 (Cth): Complying with federal workplace

health and safety regulations.

Applicable state Work Health and Safety legislation: Adhering to state-specific

workplace health and safety laws.

• Disability Discrimination Act 1992 (Cth): Preventing discrimination and

ensuring accessibility for people with disabilities.

Privacy Act 1988 (Cth): Protecting personal information and maintaining

confidentiality.

Implementation and Continuous Improvement

Angel House Australia is committed to ongoing improvement of its risk management

practices. This includes regular staff training, reviewing and updating procedures, and

ensuring compliance with legislative and regulatory requirements. The Owner/CEO



oversees the implementation and continuous improvement process, ensuring that risk management remains a top priority.

By adhering to these guidelines and procedures, Angel House Australia aims to provide a safe, inclusive, and supportive environment for all participants, staff, and visitors involved in its equine-assisted activities.

Read, acknowledged and signed by parti	cipant/participant's representative/caregive
SIGNATURE	DATE



AHA Risk Management Checklist

Note: "rider" refers to any participant in an AHA equestrian activity

Date	Risk Management Checks	Yes	No	Review Date
	All staff received induction training and appropriate information documents			
	Paddock Gates kept closed at all times			
	Feeding horses is conducted in appropriate manner			
	Leading unmounted horses conducted in appropriate manner			
	Staff trained in safety issues for stabling horses			
	All tack put away properly and kept clean and in good repair			
	Saddling up always done under coach supervision			
	Mounting and dismounting done in a safe area, under coach supervision			
	Outside riding routes checked for potential hazards			
	All non-riding activities conducted in safe designated area, supervised by suitably staff			
	member			
	Gates and fences checked regularly, and kept closed			
	Parking areas clearly marked and separate from horse activities, traffic travelling			
	at appropriate pace for area			
	Surfaces checked for safety after inclement weather			
	Equipment stored in appropriate lockable area			
	No other animals allowed loose on AHA grounds while activities in progress			
	Trees/plants checked for safety –low limbs, poisonous			
	Fire hazards removed, appropriate fire extinguishers available and current			
	Waste stored and removed at appropriate times			



Date	Risk Management Checks	Yes	No	Review Date
	Site checked after any inclement weather for potential hazards			
	Water –tanks, dams, creeks safely fenced –not accessible by visitors			
	Stables and yards well maintained and regularly checked for hazards			
	Maintenance equipment only used by appropriate person and never while AHA			
	activities are in progress			
	Kitchens only accessed by appropriate people, equipment safe and hazards stored			
	appropriately			
	Storage area keys only issued at discretion of centre management			
	Emergency procedures familiar to all staff and clearly displayed			



RISK ASSESSMENT FORM (1)

APPENDIX 2 RISK ASSESSMENT FORM (1)

Area of Risk: Coaching/Riding lesson

Risk Description	Location	Risk Level	Action Plan	Completion Date	Responsible party/ person	Action Completed Date/Signature	Review Date
Eg. Rider hurts foot while mounting horse.	arena	High	Coach/helper should ensure rider is wearing safe & suitable clothing: long pants, well fitting helmet, appropriate footwear.		Helper/volunteer responsible for checking riders before ride.		



RISK ASSESSMENT FORM (2)

Area of Risk: Horse Handling

Location	Risk Level	Action Plan	Completion Date	Responsible party!	Action Completed Date!	Review Date
Front of property, entrance to arena.	High	Place signs on gates stating they need to be shut at all times. Designated person to check that the gate is closed before each session.	1 st June 02	Jo Blogs, senior volunteer		6 months time 1.12.10
	Front of property, entrance	Front of property, entrance High	Front of property, entrance High to be shut at all times. Designated person to check that the	Front of property, entrance Level Date	Level Date person Front of property, entrance University Date person Place signs on gates stating they need to be shut at all times. Designated person to check that the Date person Date person It June 02 Jo Blogs, senior volunteer	Level Date person Completed Date! Front of property, entrance High Completed Date Date person Date person Completed Date! I Evel Date person Date person Completed Date! Place signs on gates stating they need to be shut at all times. Designated person to check that the Date person Date person Date person Date



RISK ASSESSMENT FORM (3)

Area of Risk: Grounds

Location	Risk Level	Action Plan	Completion Date	Responsible party!	Action Completed Date!	Review Date
Trail area	High	Unsure riding routes are checked for potential hazards regularly. Remove low limbs/poisonous plants.				
		Level	Level Unsure riding routes are checked for potential hazards regularly. Remove low limbs/poisonous	Level Date Unsure riding routes are checked for potential hazards regularly. Remove low limbs/poisonous	Level Date person Unsure riding routes are checked for potential hazards regularly. Remove low limbs/poisonous	Level Date person Completed Date! Trail area High Unsure riding routes are checked for potential hazards regularly. Remove low limbs/poisonous



RISK ASSESSMENT FORM (4)

Area of Risk: Equipment

Risk Description	Location	Risk Level	Action Plan	Completion Date	Responsible party/ person	Action Completed Date/ Signature	Review Date
Volunteer injured while mowing grounds	Arena	Moderate	Ensure equipment is well maintained and only used by fully trained people.				



Appendix 3

RISK LEVEL TABLE

	CONSEQUENCE										
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC					
L I	ALMOST CERTAIN	High	High	Extreme	Extreme	Extreme					
K E	LIKELY	Medium	High	High	Extreme	Extreme					
L I	POSSIBLE	Low	Medium	High	Extreme	Extreme					
Н О О	UNLIKELY	Low	Low	Medium	High	Extreme					
D	RARE	Low	Low	Medium	High	High					



CONTRAINDICATIONS FOR RIDING WITH RDA

Conditions for which participants MUST NOT ride:

- Pathological fractures
- Severe osteoporosis
- Uncontrolled seizures
- Acute stage rheumatoid arthritis
- Open pressure sores, open wounds
- Unstable spine, including subluxation of cervical spine
- Moderate agitation with severe confusion
- Disruptive or unreliable behaviour which is unacceptable to the coaches and other participants in the group
- Atlanto-Axial Dislocation (ADC) or significant subluxation in Down Syndrome
- · Advanced multiple sclerosis and muscular dystrophy
- Haemophilia
- Acute herniated disc
- Degeneration of the hip joint
- Excessive weight obesity

Conditions for which horse-riding MAY NOT be recommended:

- Very poor endurance
- Excessive pain resulting from riding
- Excessive structural scoliosis, until an orthopaedic specialist gives permission
- Spinal fusion (e.g., Harrington or CD rods) until permission is given by an orthopaedic surgeon
- Significant allergies to horsehair, dust, grain, grass, hay, hay fever
- Recent surgery until permission is given by surgeon
- Serious heart condition
- Dislocation or dysplasia of hip if excessive pain is caused
- Drug dosage resulting in physical states inappropriate to the riding environment
- Paralysis of the gluteal muscles and abdominal muscles
- High level of spinal cord paralysis or significant asymmetry of muscle paralysis.



PROCESS OF RISK MANAGEMENT

It is important to work through the following risk management process in order to effectively manage the health and safety of those involved in AHA.

Α	Identify potential hazards
В	Assess the risk of these hazards causing injury or loss
С	Decide how to prevent- and minimise these risks
D	Implement procedures to achieve the prevention/ minimisation
E	Monitor and Review the effectiveness of the procedures
F	Communicate and consult with interested parties at all stages

Remember:

Spot the hazard

Assess the Risk

Fix the problem

Evaluate the results



Service Agreement and Consent/Waiver

Participant Details							
Full name							
Date of birth		NDIS number					
Address							
State		Post Code					
E-mail		Phone nr					
Emergency Co	ntact						
Emergency Co	ntact Phone number						

Guardian deta	Guardian details (if applicable)							
Full name								
Address								
State		Post Code						
E-mail		Phone nr						
Relationship to	participant							

1. Introduction

This Service Agreement and Consent/Waiver outlines the terms and conditions under which Angel House Australia (AHA) provides equine-assisted psychotherapy and other services. By signing this document, you agree to comply with these terms and conditions and acknowledge the risks involved in participating in AHA activities.



2. Services Provided

Angel House Australia offers a range of services including but not limited to:

- Equine-assisted psychotherapy
- Behaviour supports
- Individual and group therapy sessions
- · Workshops and educational programs

These services are designed to support participants' mental health and well-being in accordance with the guidelines and standards set by the National Disability Insurance Scheme (NDIS).

3. Responsibilities of Angel House Australia

Angel House Australia commits to:

- Delivering services in a professional and timely manner.
- Providing services following all relevant legislation and NDIS Practice Standards.
- Maintaining a safe environment for all participants and staff.
- Ensuring all staff are appropriately trained and qualified.
- Respecting the privacy and confidentiality of participants under the Privacy Act 1988 (Cth).

4. Responsibilities of the Participant

The participant (or guardian, if applicable) agrees to:

- Follow all safety instructions and guidelines provided by AHA staff.
- Notify AHA of any changes to personal information, health status, or circumstances that may affect participation.
- Respect the rights and well-being of other participants and staff.
- Attend scheduled sessions or notify AHA in advance if unable to attend.
- Provide accurate and complete information as required by AHA.

5. Risk Acknowledgment and Consent

By signing this document, you acknowledge and accept that:

 Participating in equine-assisted activities involves inherent risks, including the possibility of injury.



- AHA takes all reasonable precautions to minimise these risks but cannot guarantee complete safety.
- You have been informed of the risks and agree to participate willingly.

6. Liability Waiver

To the fullest extent permitted by law:

- You release, waive, and discharge Angel House Australia and its staff from any liability, claims, demands, or causes of action arising from participation in AHA activities.
- You agree to indemnify and hold AHA harmless from any loss, liability, damage, or costs incurred due to participation.

7. Medical Consent

In the event of an emergency:

- You authorise AHA staff to seek and obtain any necessary medical treatment on your behalf.
- You agree to be responsible for any medical costs incurred.

8. Privacy and Confidentiality

Angel House Australia respects your privacy and is committed to protecting your personal information under the Privacy Act 1988 (Cth). All personal information provided will be used solely to deliver services and will not be disclosed to third parties without your consent, except as required by law.

9. Complaints and Feedback

Participants are encouraged to provide feedback or make complaints regarding the services provided by AHA. Complaints can be made verbally or in writing and will be addressed promptly following AHA's complaints management policy.



10. Termination of Agreement

This agreement may be terminated by either party with reasonable notice. Reasons for termination may include, but are not limited to:

- Non-compliance with the terms and conditions of this agreement.
- Failure to adhere to safety guidelines and instructions.
- Any behaviour that poses a risk to the safety and well-being of participants or staff.

11. Agreement Acknowledgment

By signing below, you acknowledge that you have read, understood, and agree to the terms and conditions outlined in this Service Agreement and Consent/Waiver. You also confirm that you can legally consent and that all information provided is accurate and complete.

Participant Signature:				Date:			
Guardia	n Signature (if applicab	le):	Date:			
AHA Rep	presentative	Signature:			Date: _		
Please		•		Australia		0421375074 : further informati	or

This document ensures the protection and clarity of the rights and responsibilities of both Angel House Australia and the participant, fostering a safe and supportive environment for delivering high-quality services.



Angel House Australia Accident Report Form

Incid	ent Details:
•	Date of Incident:
•	Time of Incident:
•	Location of Incident:
Detai	ils of Individuals Involved:
Detai	its of mulviduats myotved.
•	Participant Name:
•	Date of Birth:
•	NDIS number:
•	Phone Number:
•	Email:
•	Guardian Name (if applicable):
•	Phone Number:
•	Email:
•	Staff Member in Charge:
•	Position:
•	Witnesses (if any):
•	Contact Details:
Desc	ription of Incident:
•	Description of Accident: (Please provide a detailed account of the incident, including what happened, how it happened, and the sequence of events leading up to the accident.)



Immediate Actions Taken:

 First Aid Administered: (Yes/No) If Yes, please provide details of first aid administered:
Emergency Services Contacted: (Yes/No) o If Yes, please provide details:
Parent/Guardian Notified: (Yes/No) If Yes, please provide details:
NDIS Notified (if applicable): (Yes/No) If Yes, please provide details:
Follow-Up Actions:
Details of any follow-up actions required:
Recommendations to prevent the recurrence of similar incidents:
Witness Statements:
Witness 1 Name:



	0	observed.)	(Please	provide	a deta	illed ad	ccount	or wna	t the	witness
•	Witne o	ess 2 Name: _ Statement: observed.)							t the	witness
	ent Ana Caus	alysis: e of Accident	: (Please	provide	an analy	/sis of v	vhat ca	used th	e acci	dent.)
•	Conti	ibuting Facto	ors: (Plea	se list ar	ıy contri	buting	factors	to the a	ccide	nt.)
•	Corre plann	ective Actions ed.)	s Implen	nented:	(Please	list an	y corre	ctive ac	tions	taken or
Repor	Name	ared By: e: ion:								
•	Signa	ture:					-			



Management Review:

• Reviewed By:				
•	Position:			
Signature:				
•	Date:			
Addit	tional Notes:			

This Accident Report Form is designed to ensure that all accidents are documented in detail. It provides essential information for compliance with state, national, and federal health and safety legislation, as well as NDIS quality and safety guidelines. This form will help identify and mitigate risks, ensuring a safe environment for all participants and staff at Angel House Australia.



Appendix 8

Angel House Australia Incident Report Form

Incide	nt Details:
•	Date of Incident: Time of Incident: Location of Incident: Type of Incident: (Please select one) Accident Near Miss Unsafe Condition Other:
Detail	s of Individuals Involved:
•	Participant Name: Date of Birth: NDIS number: Phone Number: Email: Guardian Name (if applicable): Phone Number: Email: Staff Member in Charge: Position: Witnesses (if any): Contact Details:
Descri •	ption of Incident: Description of Incident: (Please provide a detailed account of the incident including what happened, how it happened, and the sequence of events leading up to the
	incident.)



Immediate Actions Taken:

 First Aid Administered: (Yes/No) If Yes, please provide details of first aid administered:
Emergency Services Contacted: (Yes/No) O If Yes, please provide details:
Parent/Guardian Notified: (Yes/No) If Yes, please provide details:
NDIS Notified (if applicable): (Yes/No)
Follow-Up Actions:
Details of any follow-up actions required:
Recommendations to prevent recurrence of similar incidents:



Witness Statements:

•	Witness 1 Name:
	 Statement: (Please provide a detailed account of what the witness observed.)
	Without ONe
•	Witness 2 Name: Statement: (Please provide a detailed account of what the witness observed.)
	Catalonia (i todos provido a dotalioa document vinat ano vinacos observoa.)
Incide	nt Analysis:
•	Cause of Incident: (Please provide an analysis of what caused the incident.)
•	Contributing Factors: (Please list any contributing factors to the incident.)
•	Corrective Actions Implemented: (Please list any corrective actions taken or planned.)
•	Contestive Actions implemented. (I todae tist any confective detions taken of planned.)
Repor	t Prepared By:
оро.	
•	Name:
•	Position:
•	Signature:
•	Date:
Manag	gement Review:
•	Reviewed By:
•	Position:
•	Signature:
•	Date:



Additional Notes:		

This Incident Report Form is designed to ensure that all incidents, near misses, or unsafe conditions are documented in detail, providing essential information for compliance with state, national, and federal health and safety legislation and NDIS quality and safety guidelines. This form will help identify and mitigate risks, ensuring a safe environment for all participants and staff at Angel House Australia.