



NCHA Limited t/a
National Cutting Horse Association
HAZARD & INCIDENT REPORT

NCHA Shows

Section 1

Volunteer / Official / Employee *(to complete this section)*

Name of Person Reporting _____ Date ____ / ____ / ____

Description of hazard / near miss / incident _____

Action you feel could reduce, eliminate or fix the hazard / near miss / incident _____

Section 2

Management / Affiliate / Club Official *(to complete this section)*

Do you agree or disagree with the hazard / near miss / incident (give reasons if disagree)? _____

Action taken to control, eliminate or fix the hazard / near miss / incident (description of appropriate) _____

Date action was taken (if necessary) ____ / ____ / ____

Signed (Management) _____ / ____ / ____