



TAYLOR MADE

Manager's First Report of Injury

Injury must be described in detail below. Forms need to be submitted to HR as soon as possible!
Email completed forms to: hballinger@taylormadesales.com or fax completed forms to: 859-881-7000.

ACCIDENT TIME & LOCATION

Date of Injury: _____ Time of Injury: _____ ☐ am ☐ pm
Employee Start Time: _____ ☐ am ☐ pm Barn: _____

Name: _____

Date Notified: _____ Name of Manager Notified: _____

If injury occurred at a sale, complete below fields:

Zone: _____ Quad Leader Name: _____

ACCIDENT DESCRIPTION

Type of Injury: _____ Side of Body Injury Occurred: _____

Specific activity team member engaged in when accident/injury occurred: _____

Describe in detail how the injury occurred and any other related information: _____

Where was the person in relation to horse: ☐ Right Side ☐ Left Side ☐ Front ☐ Back

Name and Age of Horse Involved: _____

Could injury have been prevented? If yes, explain how: _____

Specific part(s) of body affected: _____

What equipment, materials, or chemicals were being used when accident occurred? _____

What item(s) or thing(s) directly produced the injury? _____

If the person was KICKED, chose the description of the kick: ☐ Cow Kicked ☐ Pawed (front) ☐ Struck ☐ Rear Hoof

MEDICAL TREATMENT INFORMATION

Was medical treatment given? ☐ Yes ☐ No Did employee go to the ER? ☐ Yes ☐ No

Was the employee hospitalized? ☐ Yes ☐ No Who accompanied employee for treatment: _____

Treatment Facility: _____ Address: _____

Witnesses: _____

Report Prepared By: _____ Title: _____ Date: _____

****Employee should not return to work until HR has a copy of the Doctor's Note. If after hours or on a weekend, text a copy of doctor's note to 859-298-1396 or send via email****