

SIMP Team Leader Checklist						
Responder	Called	By Who (Name / Phone Number / Email address)	Time called	Time on site	Time left site	Comments
Time of Incident	<input type="checkbox"/>					
On Site Paramedic	<input type="checkbox"/>					
On Site Doctor	<input type="checkbox"/>					
Vet Services	<input type="checkbox"/>					
"000" Ambulance	<input type="checkbox"/>					
SIM Leader	<input type="checkbox"/>					
SIM Scribe	<input type="checkbox"/>					
Technical delegate	<input type="checkbox"/>					
SIM Family Liaison	<input type="checkbox"/>					
Rider Family / Owner	<input type="checkbox"/>					
Witness 1	N/A					Ask for video / photos of the incident
Witness 2	N/A					
Witness 3	N/A					
Witness 4	N/A					
XC Fence Judge	N/A					
Checklist Items	Y/N	Available From/Done by Who	N/a	N/a	N/a	
Photographs Collected	Y/N		N/a	N/a	N/a	
Video collected	Y/N		N/a	N/a	N/a	
Fence Dimensions and type(if XC or SJ)	Y/N		N/a	N/a	N/a	
Family and spectator welfare monitored	Y/N		N/a	N/a	N/a	
Alternate Transport arrangements for horses and/or equipment	Y/N		N/a	N/a	N/a	
National Safety manager Notified	Y/N		N/a	N/a	N/a	
	Y/N		N/a	N/a	N/a	
State Branch Notified	Y/N		N/a	N/a	N/a	