

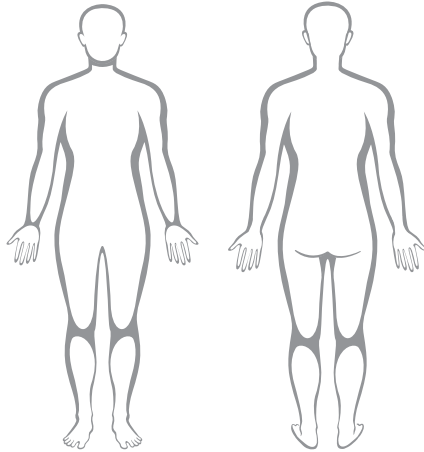
Type of report: Death Lost Time Medical Only First Aid Only Near Miss

Step 1: Injured Employee

Name: _____ Date of Birth: _____
 Job Title: _____ Department: _____
 Supervisor: _____ When Hired: _____
 Date/Time of Accident: _____ How Long In This Position: _____

Employment Status: Regular full time Part time Seasonal
 Temporary Not employed Other: _____

Step 2: Injury/Incident Details



Body Part affected:
(Indicate with an 'X' on diagram)

Accident Description (Attach extra pages if needed): _____

Extent of Injury: Superficial Minor Serious Fatal

Cause of Injury:

- | | |
|--|--|
| <input type="checkbox"/> Burn | <input type="checkbox"/> Caught in, under or between |
| <input type="checkbox"/> Cut, puncture or scrape | <input type="checkbox"/> Fall, slip or trip |
| <input type="checkbox"/> Foreign matter in eye | <input type="checkbox"/> Motor vehicle accident |
| <input type="checkbox"/> Strain or Injury by – holding or carrying | <input type="checkbox"/> Strain or Injury by – lifting |
| <input type="checkbox"/> Strain or Injury by – pushing or pulling | <input type="checkbox"/> Strain or Injury by – reaching |
| <input type="checkbox"/> Strain or Injury by – repetitive motion | <input type="checkbox"/> Strain or Injury by – using tool or machine |
| <input type="checkbox"/> Strain or Injury by –NOC | <input type="checkbox"/> Struck or injury by – using hand tool |
| <input type="checkbox"/> Struck or injury by – moving parts of machine | <input type="checkbox"/> Struck or injury by – Object being handled |
| <input type="checkbox"/> Other: _____ | |

Nature of Injury:

- Abrasion, scrapes
- Broken bone
- Burn (chemical)
- Contagious disease
- Cut, laceration, puncture
- Fracture
- No physical injury
- Amputation
- Bruise
- Chipped/broken tooth
- Crushing Injury
- Death
- Hernia
- Sprain, strain
- Animal or insect bite
- Burn (heat)
- Concussion (to the head)
- Cumulative injury (NOC)
- Foreign body
- Illness
- Other: _____

Step 3: Incident Details

Location of Accident: _____ Off-site On-site (Code # _____)

What part of employees day:

- Entering or leaving work
- During normal work activities
- Break/lunch
- Overtime
- Other

What type of personal protective equipment, if any, was in use? _____

Witnesses to incident: (Name, Phone): _____

If available, attach the following documents, with description, to this report and indicate the quantity of each attached:

- Witness statements: _____
- Photographs: _____
- Diagram/map: _____

Describe, in detail, the events that led up to the injury and what action could have been taken to prevent the incident. Include details of the specific machines, parts, objects, tools, materials and other important details, and the potential or likely cause(s) and factors that contributed to this incident. (Attach additional pages if needed): _____

Any Behavioral Causes:

- Performing without adequate training
- Working beyond physical ability
- Disregarding safety equipment
- Performing without adequate equipment
- Disregarding policy, procedure or other instructions
- Other: _____

Any Conditional Causes:

- Poor guarding
- Defective equipment or tools
- Hazardous workplace environment
- Poor housekeeping
- Inadequate personal protective equipment
- Other: _____

Is there anything that may have motivated the unsafe condition or act (i.e. employee incentive to get the job done quickly, production requirements, etc..)? _____

Was the unsafe act or condition reported prior to the incident?..... Yes No

If yes, when was it report and to whom and what attempted corrective action was taken at the time? _____

Any other similar accidents or near misses before this one?..... Yes No

If yes, when and what attempted corrective action was taken at the time? _____

Step 4: Prevention - Corrective Action Plan

For each contributing factor stated above, indicate what actions need to be taken or have been taken to prevent repeat occurrences. (Attach additional pages if needed):

Follow-Up/Corrective Action Needed	Responsible Person	When Completed	Verified By

Name of person completing this report: _____ Phone: _____

Signature: _____ Date: _____

Safety Committee/Corrective Action Team Members

Name: _____ Date Reviewed: _____

Name: _____ Date Reviewed: _____

Name: _____ Date Reviewed: _____

Contributing Conditions	Definition	Potential Corrective Actions
Lack of job knowledge/skills	Not properly trained for the job duties and/or aware of safe procedures	Provide initial and continuous training
Unsafe behavior or acts/mental distraction	Employee was trained properly but did not follow proper protocol, was reckless in their approach or was distracted by mental stress	1. Supervision 2. Disciplinary actions 3. Review/training of procedures
Not using safety equipment/machine guarding	Safety equipment and guarding is made available but the employee chooses not to use them	1. Supervision 2. Determine why they were not in use to see if underlying issue needs addressed 3. Disciplinary actions
Under the influence of drugs or alcohol	Employee is impaired which hinders ability to perform job properly	1. Pre-employment and/or periodic drug testing 2. Supervision 3. Disciplinary action/no-use policy
Inadequate personal protective equipment (PPE)	Failure to provide or train employees on proper protective gear	1. Provide all employees with PPE 2. Provide training to employees on when and how to use such equipment
Unsafe Procedures	Hazardous work process, management failure to develop proper safety plans	1. Develop job safety analysis and formal safety procedures 2. Provide continuous training
Defective equipment/tools	Broken or defective tools and equipment in use	1. Promptly replace or repair failing tools and equipment 2. Inspect regularly
Inadequate guarding	Machines or equipment with no guarding	1. Be sure guards are included in machine designs or provide them where hazards exist 2. Inspect regularly
Unsafe environment (lightning, condition of building, etc.)	Not having all spaces of the work space well lit and easy to see, poorly labeled chemicals, other building hazards	Eliminate the hazards
Poor housekeeping	Having a messy workplace, objects and debris on the floor, cluttered work surfaces, etc.	Maintain proper layout and time to employees to promote good housekeeping