

Division: Wastewater

INJURED EMPLOYEE Last Name:		First Name:	Date of Birth:	Social Security#:	Date of Hire:
Job Title:			Email:		
Home Address:		City/Town:	Zip Code:	Phone:	
Location of Accident:		Date of Occurrence:			Time:
		Date Reported:			Time:

Did the employee lose time? No Yes Date lost time began: _____

Emergency Room	Ambulance	Medical Treatment Facility: _____
Urgent Care	None	Address: _____
Physician	Other: _____	Date: _____ Time: _____

Head	Shoulder	Forearm	Abdomen	Knee
Face	Elbow	Wrist	Buttocks	Ankle
Eye	Upper Back	Hand	Groin	Foot
Ear	Lower Back	Fingers	Upper leg	Toe
Chest	Upper Arm	Hip	Lower leg	Other (explain):

Repetitive Strain	Slip/fall inside
Material Handling (lifting, pulling, carrying)	Slip/fall outside
Caught in/ under/ between	Motor Vehicle Accident
Stuck, contacted by, with/ against	Cut/ Bruise
Burn	Exposure to: _____

Name:	Job Title:	Telephone:
Address:		
Name:	Job Title:	Telephone:
Address:		

Causes: Check all that are applicable**Conditions**

Congestion or restricted action
Poor housekeeping; disorderly workplace
Slip/trip hazards
Lack of or inappropriate furniture/ equipment
Design or arrangement of furniture/ equipment
Defective furniture, tools, equipment or materials
Inadequate or excessive illumination
Inadequate ventilation
Excessive noise
Inadequate or improper protective equipment
Fire and explosion hazards
Inadequate warning systems
Adverse weather
Other (explain):

Practices

Improper body position/posture
Unnecessary rushing
Improper lifting
Unsafe loading/placement
Using defective equipment
Using equipment improperly
Altering or modifying equipment
Failure to/ Improper uses of PPE
Inappropriate conduct
Hazardous personal attire
Combative person/suspect
Other (explain):

What are the reasons for the existence of these practices and/or conditions?

Prevention/ Corrective Action

Actions to prevent accident/incident recurrence. Mark **(X)** for actions taken to prevent recurrence. Mark with **(P)** corrective actions planned but not yet carried out. More than one item may apply.

Training/instruction of person involved
Improve work procedures
Inform staff/managers of safe work procedures
Perform job safety analysis
Inform staff/managers of hazard and how to protect themselves
Notify appropriate individuals
Improve engineer/design
Improve inspection procedures
Tools, equipment, furniture repair or replacement.

Request ergonomic assessment
Request environmental assessment
Correction work area
Reassess work standards
Reassignment of person
Improve housekeeping
Other (explain):

Describe actions taken to prevent similar accidents:

Investigated by:

Supervisor Name:

Signature:

Phone:

Reviewed by:

Dept Head Name:

Signature:

Phone: