

Dept: \_\_\_\_\_

Division: \_\_\_\_\_

## CITY OF MILFORD EMPLOYEE FIRST NOTICE OF LOSS/ ACCIDENT INVESTIGATION FORM

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:	

Describe what happened and, if applicable, describe injury (include body part). Attach an incident diagram and photographs in word document, if appropriate. Attach additional description in a word document if needed.

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

Record only:        If first aid received complete below.

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

**Part of Body Injury** (Indicate "L" Left, "R" Right, "B" Both or "X" where applicable.)

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):

**Accidental Incident Cause**

Check off statements that best describe the accident/incident:

Repetitive Strain	Slip/fall inside	Other (explain):
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: _____	

**Witnesses**

Name:	Job Title:	Telephone:
Address:		

Name:	Job Title:	Telephone:
Address:		

<b>Causes: Check all that are applicable</b>		
<b>Conditions</b> 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):	<b>Practices</b> 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?		
<b>Prevention/ Corrective Action</b>		
Actions to prevent accident/incident recurrence. Mark <b>(X)</b> for actions taken to prevent recurrence. Mark with <b>(P)</b> 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:		
<b>Investigated by:</b> Supervisor Name: _____ Signature: _____ Phone: _____		
<b>Reviewed by:</b> Dept Head Name: _____ Signature: _____ Phone: _____		