

Dept: Public Works

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 a 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 received first aid complete below.					
Emergency Room		Ambulance		Medical Treatment Facility: _____	
Urgent Care		None		Address: _____	
Physician		Other: _____		Date: _____	Time: _____
<b>Part of Body Injury</b> (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):	
<b>Accidental Incident Cause</b> 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: _____			
<b>Witnesses</b>					
Name:		Job Title:		Telephone:	
Address:					
Name:		Job Title:		Telephone:	
Address:					

<b>Causes: Check all that are applicable</b>		
<p><b>Conditions</b></p> <p>Congestion or restricted action</p> <p>Poor housekeeping; disorderly workplace</p> <p>Slip/trip hazards</p> <p>Lack of or inappropriate furniture/ equipment</p> <p>Design or arrangement of furniture/ equipment</p> <p>Defective furniture, tools, equipment or materials</p> <p>Inadequate or excessive illumination</p> <p>Inadequate ventilation</p> <p>Excessive noise</p> <p>Inadequate or improper protective equipment</p> <p>Fire and explosion hazards</p> <p>Inadequate warning systems</p> <p>Adverse weather</p> <p>Other (explain):</p>	<p><b>Practices</b></p> <p>Improper body position/posture</p> <p>Unnecessary rushing</p> <p>Improper lifting</p> <p>Unsafe loading/placement</p> <p>Using defective equipment</p> <p>Using equipment improperly</p> <p>Altering or modifying equipment</p> <p>Failure to/ Improper uses of PPE</p> <p>Inappropriate conduct</p> <p>Hazardous personal attire</p> <p>Combative person/suspect</p> <p>Other (explain):</p>	
What are the reasons for the existence of these practices and/or conditions?		
<b>Prevention/ Corrective Action</b>		
<p>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.</p>		
<p>Training/instruction of person involved</p> <p>Improve work procedures</p> <p>Inform staff/managers of safe work procedures</p> <p>Perform job safety analysis</p> <p>Inform staff/managers of hazard and how to protect themselves</p> <p>Notify appropriate individuals</p> <p>Improve engineer/design</p> <p>Improve inspection procedures</p> <p>Tools, equipment, furniture repair or replacement.</p>	<p>Request ergonomic assessment</p> <p>Request environmental assessment</p> <p>Correction work area</p> <p>Reassess work standards</p> <p>Reassignment of person</p> <p>Improve housekeeping</p> <p>Other (explain):</p>	
Describe actions taken to prevent similar accidents:		
<p><b>Investigated by:</b></p> <p>Supervisor Name: _____ Signature: _____ Phone: _____</p>		
<p><b>Reviewed by:</b></p> <p>Dept Head Name: _____ Signature: _____ Phone: _____</p>		