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|---|--|--------------------|----------------------------------|---|
|  | <b>PREMIER MAGNESIA - GILES CHEMICAL</b> |                    |                                  |  |
|   | <b>COMPANY PROCEDURE / FORM</b>          |                    |                                  |   |
|   | <b>Reporting Accidents/Injuries</b>      | Page : 1 of 7      | Revision : 01<br>Date : 9/6/2011 |   |
|   | Author: Deborah Durbin                   | Plant: Waynesville | Area: Safety                     |   |

**Personnel responsible:**

All Giles Employees

**Safety equipment:**


Proper safety equipment for the area and/or situation.

**Summary:**

This Procedure provides guidelines for reporting accidents/injuries. It is also important to note that reporting injuries is in the employee's best interest not only to prevent similar accidents/injuries but also in case of future complications related to workman's compensation.

**Procedure:**

- All accidents/injuries must be reported immediately to the Lead Operator and in turn to the Safety Department and Plant Manager. Accidents/injuries must be reported no matter how small.
- All accidents/injuries must be reported regardless of whether the accident resulted in an injury.
- Depending on the accident/injury, First Aid may be provided by a Trained Emergency Response Team Member.
- If the injury requires medical attention, the employee must be taken to the Urgent Care Office, located at the hospital (828-452-8354). If Urgent Care is closed the employee should be seen at the Emergency Room at MedWest/ Haywood Regional Hospital (828-452-8110). 911 is always an option.
- When an accident or injury is reported, the Accident/Injury Report is to be filled out preferably by the area supervisor. The purpose of the report is to establish the root cause of the accident/injury and corrective actions to prevent similar accidents/injuries in the future. Near misses will also be included in the process.
- The completed **Accident/Injury Report** will be returned to the Safety Department. A preliminary copy of the report will be forwarded to Human Resources. If the accident/injury involves a temporary employee, the temp agency will be notified.
- Upon completion of the investigation, the final report will be filed with Human Resources.
- Human Resources will handle Worker's Compensation cases.

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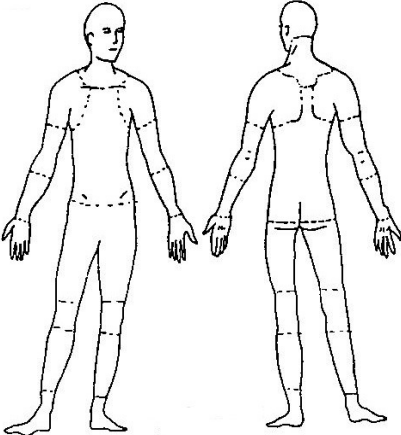


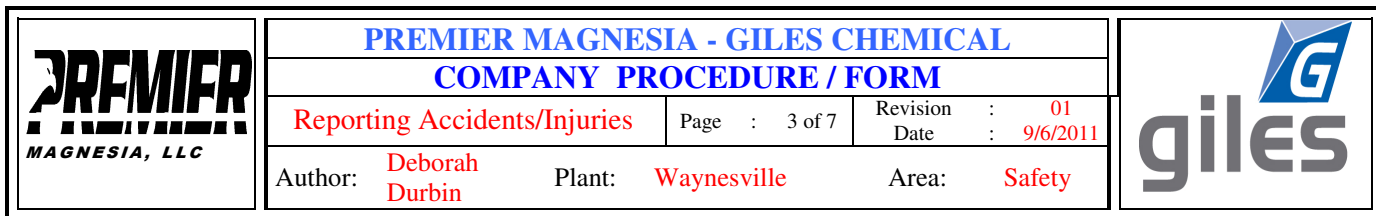
## Accident / Injury Report

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

|  |  |
|--|--|
| This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Medical Treatment <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss |  |
| Date of incident:  | This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____ |


### Step 1: Injured employee (complete this part for each injured employee)


|  |  |   |
|--|--|---|
| Name:<br>Address :<br>Phone:<br>Emergency Contact:   | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | DOB:  |
| Department:  | Job title at time of incident:   |   |
| Part of body affected: (shade all that apply)<br><br> | Nature of injury: (most serious one)<br><input type="checkbox"/> Abrasion, scrapes<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Broken bone<br><input type="checkbox"/> Bruise<br><input type="checkbox"/> Burn (heat)<br><input type="checkbox"/> Burn (chemical)<br><input type="checkbox"/> Concussion (to the head)<br><input type="checkbox"/> Crushing Injury<br><input type="checkbox"/> Cut, laceration, puncture<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> Illness<br><input type="checkbox"/> Sprain, strain<br><input type="checkbox"/> Damage to a body system:<br><input type="checkbox"/> Other _____ | This employee works:<br><input type="checkbox"/> Regular full time<br><input type="checkbox"/> Regular part time<br><input type="checkbox"/> Seasonal<br><input type="checkbox"/> Temporary<br><br>Months with this employer:<br><br>Months doing this job: |



| <b>Step 2: Describe the incident</b>   |             |
|--|-------------|
| Exact location of the incident:  | Exact time: |
| What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities<br><input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____ |             |
| Names of witnesses and statements (Contact Information if applicable):   |             |
| <div style="height: 100px;"></div>   |             |

|   |                             |              |                  |
|---|-----------------------------|--------------|------------------|
| <b>Attachments</b><br>(#, Yes or No)  | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)?   |                             |              |                  |
| Describe, step-by-step the events that led up to the accident/injury. Include names of any machines, parts, objects, tools, materials and other important details.  |                             |              |                  |
| <p>Description continued on attached sheets: <input type="checkbox"/></p> <p>Accepted Recommended Medical Treatment:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>Employee Signature/Date: _____</p> |                             |              |                  |

|   |  |                           |                                  |
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### Step 3: Why did the incident happen?

#### Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment / tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other: \_\_\_\_\_

**Why did the unsafe conditions exist?**

#### Unsafe acts by people: (Check all that apply)

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools
- ☐ Other: \_\_\_\_\_

**Why did the unsafe acts occur?**


Is there a reward such as “the job can be done more quickly” or “the product is less likely to be damaged”? ☐ Yes ☐ No


May have this encouraged the unsafe condition or act? ☐ Yes ☐ No

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

Other Comments:

|   |  |                           |                                  |
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#### Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- ☐ Stop this activity    
 ☐ Guard the hazard    
 ☐ Train the employee(s)    
 ☐ Train the supervisor(s)
- ☐ Redesign task steps    
 ☐ Redesign work station    
 ☐ Write a new policy/rule    
 ☐ Enforce existing policy
- ☐ Routinely inspect for the hazard    
☐ Personal Protective Equipment    
☐ Other: \_\_\_\_\_

What corrective action should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ☐

Has corrective action been implemented and if so, date of implementation?    
☐ Yes    
☐ No    
 Date: \_\_\_\_\_

#### Step 5: Who completed and reviewed this form? (Please Print)

|                            |                 |
|----------------------------|-----------------|
| Written by:<br>Department: | Title:<br>Date: |
|----------------------------|-----------------|

Names of investigation team members (If applicable):

Has Temporary Agency been notified of accident/injury:    
☐ Yes    
☐ No    
 Initials/Date: \_\_\_\_\_

Reviewed by:

|             |              |             |
|-------------|--------------|-------------|
| Name: _____ | Title: _____ | Date: _____ |
| Name: _____ | Title: _____ | Date: _____ |
| Name: _____ | Title: _____ | Date: _____ |



**PREMIER MAGNESIA - GILES CHEMICAL**

**COMPANY PROCEDURE / FORM**

Reporting Accidents/Injuries

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Revision : 01

Date : 9/6/2011

Author: Deborah  
Durbin

Plant: Waynesville

Area: Safety



**TRAINING DOCUMENTATION**

|    | EMPLOYEE | TITLE | SIGNATURE | DATE |
|----|----------|-------|-----------|------|
| 1  |          |       |           |      |
| 2  |          |       |           |      |
| 3  |          |       |           |      |
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| 28 |          |       |           |      |

[illegible]