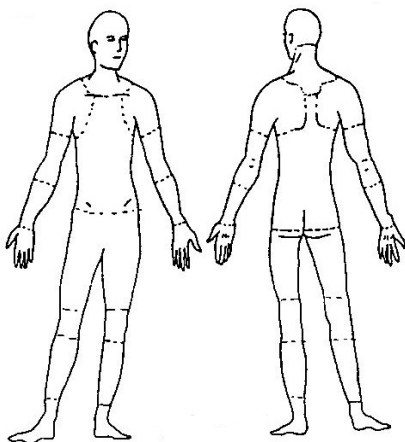


**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Accident and Injury Report**Number: **S12-PR-200-F002**Owner: **Deborah Durbin**Revision: **05**Effective Date: **03/01/15**Page: **1 of 4****Accident / Injury / Illness Report**
(OSHA Form 301 Equivalent)

Instructions: Complete this form as soon as possible (no more than 7 days) after any incident that results in an injury, illness or near miss. Collect as much information as possible and then submit report or draft to the Safety Department and a stamped copy to Human Resources as soon as possible. Retain document for 5 years following the year to which it pertains.

This is a report of a: ☐ Death ☐ Lost Time ☐ Medical Treatment ☐ First Aid Only ☐ Near Miss

Date of incident:**Report #:****300 Log Case #:**
(if applicable)**Step 1: Injured employee (complete this part for each injured employee)****Name:**☐ Male ☐ Female**Address :****DOB:****Phone:****DOH:****This employee works:**☐ Regular full time
☐ Regular part time☐ Giles
☐ Temporary**Facility/Department:****Job title at time of incident:****Months doing this job:****Time employee's shift began:****Part of body affected: (shade all that apply)****Nature of injury: (most serious one)**☐ Abrasion, scrapes
☐ Amputation
☐ Broken bone
☐ Bruise
☐ Burn (heat)
☐ Burn (chemical)
☐ Concussion (to the head)
☐ Crushing Injury
☐ Cut, laceration, puncture
☐ Hernia
☐ Illness
☐ Sprain, strain
☐ Damage to a body system:
☐ Other _____**What object or substance directly harmed the employee?****Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Accident and Injury Report**Number: **S12-PR-200-F002**Owner: **Deborah Durbin**Revision: **05**Effective Date: **03/01/15**Page: **2 of 4****Step 2: Describe the incident****Location of the incident:****Time of event:** ☐ am ☐ pm**What part of employee's workday?** ☐ Entering or leaving work ☐ Doing normal work activities
☐ During meal period ☐ During break ☐ Working overtime ☐ Other _____**Names (first and last) of witnesses and statements (Contact Information if applicable):****Attachments**
(#, Yes or No)**Written witness statements:****Photographs:****Maps / drawings:****What personal protective equipment was being used (if any)?**☐ Safety Glasses ☐ Safety Shoes ☐ Smocks ☐ Hair/Beard Nets ☐ Gloves ☐ Other _____**Employee's statement:** 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.**Description continued on attached sheets:** ☐**Accepted Recommended Medical Treatment:** ☐ Yes ☐ No ☐ N/A**If yes, employee must be informed to request mandatory post-accident alcohol/drug screening:** ☐ Yes ☐ No

If yes, where was employee taken for treatment: _____

Name of physician or other health care professional: _____

Was employee treated in an emergency room? ☐ Yes ☐ NoWas employee hospitalized overnight as an in-patient? ☐ Yes ☐ No**Employee Signature/Date:** _____**Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Accident and Injury Report**Number: **S12-PR-200-F002**Owner: **Deborah Durbin**Revision: **05**Effective Date: **03/01/15**Page: **3 of 4****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: _____

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: _____

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ NoHave there been similar incidents or near misses prior to this one? ☐ Yes ☐ No**Other Comments:****Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Accident and Injury Report**Number: **S12-PR-200-F002**Owner: **Deborah Durbin**Revision: **05**Effective Date: **03/01/15**Page: **4 of 4****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(s) been implemented and if so, date of implementation? ☐ Yes ☐ No

Date(s): _____

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

Written by:

Department:

Title:

Date:

Names of investigation team members (if applicable):

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

PC365 Report # (Manpower): _____

Reviewed by:

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Effective on Jan.1, 2015, under revised rule, employers will be required to notify the NCDOL OSH Division of work-related fatalities within eight hours and all work-related in-patient hospitalizations, amputations or losses of an eye within 24 hours.

Controlled Document

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