

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Accident and Injury Report**Number: **S12-PR-200-F001**Owner: **Deborah Durbin**Revision: **1**Effective Date: **09/15/12**Page: **1 of 4****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: ☐ Death ☐ Lost Time ☐ Medical Treatment ☐ First Aid Only ☐ Near Miss

Date of incident:

This report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other _____**Step 1: Injured employee (complete this part for each injured employee)**

Name:

Address :

Phone:

Emergency Contact:

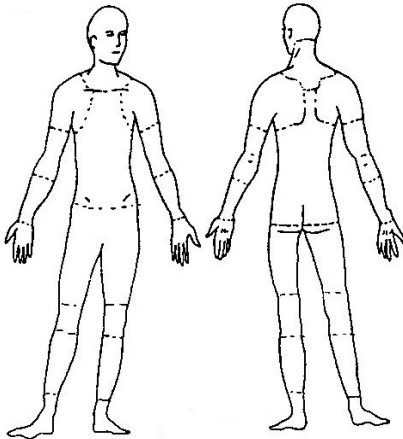
Sex: ☐ Male ☐ Female

DOB:

Department:

Job title at time of incident:

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 _____

This employee works:

- ☐ Regular full time
- ☐ Regular part time
- ☐ Seasonal
- ☐ Temporary

Months with
this employer:Months doing
this job:**Controlled Document**

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Exact location of the incident:

Exact time:

What part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities
☐ During meal period ☐ During break ☐ Working overtime ☐ Other _____

Names 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)?

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

Employee Signature/Date: _____

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- ☐ 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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- ☐ 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:

Department:

Title:

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: _____

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