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| Employee Affected/Injured: | Date of Incident/Injury: | Date Reported: |
| Job title at time of incident/injury: | Building and location where incident/injury occurred: | |
| Time of incident/injury: a.m.  p.m.  Time employee began work: | Property or equipment damaged: | |
| Describe, step-by-step the events that led up to the incident/injury. Include names of any machines, parts, objects, tools, materials and other important details. | | |
| How did injury/illness occur? Describe exactly what happened. Have employee demonstrate if possible.  Description continued on attached sheets | | |
| Names of witnesses: (if any) | | |
| Part of body affected/injured: (shade all that apply) | Nature of injury: (check most serious injury) Abrasion, scrapes  Amputation Broken bone Bruise  Burn (heat) Burn (chemical)  Concussion (to the head) Crushing Injury  Cut, laceration, puncture Hernia  Illness Sprain, strain  Environmental Exposure Other | |

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| Why did the incident happen? | | | |
| 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 Poor housekeeping  Adverse weather  Other: | 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 Unnecessary rushing  Alteration/modification of equipment  Other: | | |
| Why did the unsafe condition(s) exist? | Why did the unsafe act(s) occur? | | |
| 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 | | |
| Was employee using appropriate Personal Protective Equipment at the time of the incident/injury? If not, why not? Yes No | | | |
| What changes do you suggest to prevent this incident/injury/near miss from happening again?  Stop this activity Improve work procedure  Personal Protective Equipment Redesign work station  Routinely inspect for the hazard Equipment replacement/repair  Guard the hazard Environmental assessment Other: | | | Enforce existing policy Write a new policy/rule Train the employee(s) Train the supervisor(s) |
| Did employee promptly report the incident/injury? | | | Yes No |
| Did employee seek medical treatment? | | | Yes No |
| Comments | | | |
| Supervisor (Contact person) | Date | Phone | |

THIS FORM MUST BE FAXED TO 860.584.3877 OR

E-MAILED TO: [kristensastri@bristolk12.org](mailto:kristensastri@bristolk12.org) WITHIN 24 HOURS OF INCIDENT