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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, scrapesAmputation Broken bone BruiseBurn (heat) Burn (chemical)Concussion (to the head) Crushing InjuryCut, laceration, puncture HerniaIllness Sprain, strainEnvironmental Exposure Other  |

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| Why did the incident happen? |
| Workplace conditions: (Check all that apply) Inadequate guardUnguarded hazard Safety device is defectiveTool or equipment defective Workstation layout is hazardous Unsafe lightingUnsafe ventilationLack of needed personal protective equipment Lack of appropriate equipment / toolsUnsafe clothingNo training or insufficient training Poor housekeepingAdverse weatherOther:  | Acts by people: (Check all that apply) Operating without permissionOperating at unsafe speedServicing equipment that has power to it Making a safety device inoperative Using defective equipmentUsing equipment in an unapproved way Unsafe liftingTaking an unsafe position or posture Distraction, teasing, horseplayFailure to wear personal protective equipment Failure to use the available equipment / tools Unnecessary rushingAlteration/modification of equipmentOther:  |
| 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 procedurePersonal Protective Equipment Redesign work stationRoutinely inspect for the hazard Equipment replacement/repairGuard 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 WITHIN 24 HOURS OF INCIDENT