

- Near-Miss
- First Aid

FILE 801, IF BOXES BELOW ARE CHECKED

- Medical Care
- Time Loss
- Fatal

SYSTEM CHALLENGES

Management

Do we have:

- Policy Enforcement
- Hazard Recognition
- Accountability
- Supervisor Training
- Corrective Action
- Production Priority
- Proper Resources
- Job Safety Training
- Hiring Practices
- Maintenance
- Adequate Staffing

Employee

Was the employee:

- Following Procedure
- Training
- Previous Injury
- Mental Ability
- Physical Capacity
- Equipment Use
- Short Cuts
- PPE Worn
- Safety Attitude

Equipment

Do we have:

- Proper Tool Selection
- Tool Availability
- Maintenance
- Visual Warnings
- Guarding

Environment

What about:

- Plant Layout
- Chemical
- Temperature
- Noise
- Radiation
- Weather
- Terrain
- Vibration
- Ergonomics
- Lighting
- Ventilation
- Housekeeping
- Biological

Additional

Causal Factors:

- Faulty Equipment
 - Non-Employee
 - Prior Injury
 - Late Reporting
 - Off-the-Job Injury
- (Explain any checked boxes on separate sheet)

Accident Analysis

Immediate supervisor should complete this form promptly with worker.

Company Name: _____

Employee: _____

Occupation/Department: _____

Where Incident Occurred: _____ Date/Time: _____ AM/PM

If injury, describe (Nature/Body part) _____

Treatment: None First Aid Only Doctor Hospital

Treating Physician: _____

Phone: _____

Witnesses: _____

Describe Incident/Accident Fully:

Identify factors which contributed to or caused accident (refer to list on left side of page):

<u>Management:</u>	<u>Employee:</u>
<u>Equipment:</u>	<u>Environment:</u>

Counter measures/best practices to prevent reoccurrence:	Who	By When

Safety Committee Review Date: _____

If incident was caused by a person not employed by us, who?

Name: _____ Phone: _____

(Attach additional sheet if needed)

Date: _____ Supervisor's Signature _____

Note: Complete entire Workers Compensation claim (Form 801 or 801s) if injury required doctor's treatment. Form 801 or 801s must be received by SAIF within five (5) days of your knowledge of doctor treatment. If needed, complete Employer's Page (Page 1) of 801 for OSILA recordkeeping requirements.

This form DOES NOT meet OSHA recordkeeping requirements.