

- 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)

Supervisor's Incident/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: _____

Supervisor's description of Accident/Incident after Employee Interview:

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

<u>M</u>anagement:	<u>E</u>mployee:
<u>E</u>quipment:	<u>E</u>nvironment:

List recommendations to prevent reoccurrence:	Who	By When
1.		
2.		
3.		
4.		

What corrective Action has been initiated at this point: _____

Next Line Supervisor Review (Sign & Date): _____

Safety Committee Review Date: _____

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

Name: _____ Phone: _____

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 OSHA recordkeeping requirements.

Immediate supervisor portion continued

1. Identify all witnesses and/or interested parties that have knowledge of the accident and processes involved in said accident:

2. Witness or Interview Statements:

**If you need more room, please attach additional pages as needed to this form.

Completing the Accident/Incident Analysis

All close calls, near-misses, incidents, and accidents should be analyzed for corrective action regardless of severity. Time and distance work against a thorough analysis as most people quickly forget important facts and key details.

Distance from the incident means loss of visual information, so complete the analysis at the scene as soon as possible. This form should be completed by the immediate supervisor of the person(s) directly involved in the incident. A manager, safety committee, safety officer or analysis team can assist in the absence of the immediate supervisor. This form asks no questions other than a brief description of an injury, if one occurred. Questions often provide closed answers, so the key items on the analysis document are designed to encourage open dialogue and communication about facts and details. This is the primary opportunity for those involved to gather key information for preventing similar incidents in the future.

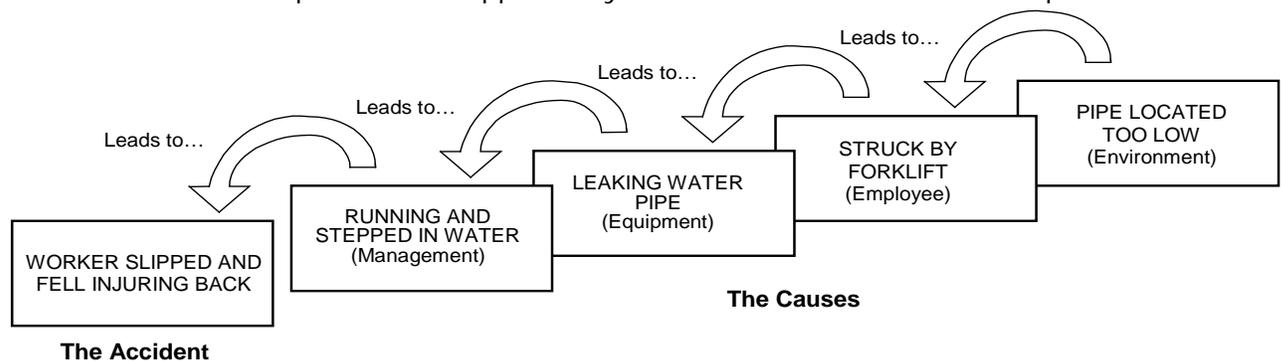
A Successful Analysis Process: The person(s) conducting the analysis need to look at the systems/procedures/policies within the business that are not working and may have contributed in some way to the incident. Even minor contributions should be listed. The systems to review are: Management, Employee, Equipment, and Environment (MEEE). Review system items shown in the left margin of the Accident/Incident Analysis form **in relation to the incident**. These are areas to explore within these systems, they are not questions. Once the contributing system elements are identified, write them in the Counter measures/best practices box along with any other system changes that will prevent recurrence.

First Step - Care for the injured: Insure appropriate medical care or first aid is provided for anyone injured.

Second Step - Secure the scene of the accident: Make certain that key evidence is preserved so that all pertinent facts of the accident can be determined. In the case of serious accidents, photographs of the scene are a valuable tool in determining causes, particularly if the area needs to be put back in order quickly. Note the position of equipment and materials, presence or lack of equipment safeguarding, specific materials and chemicals involved, warning signs and any other physical evidence.

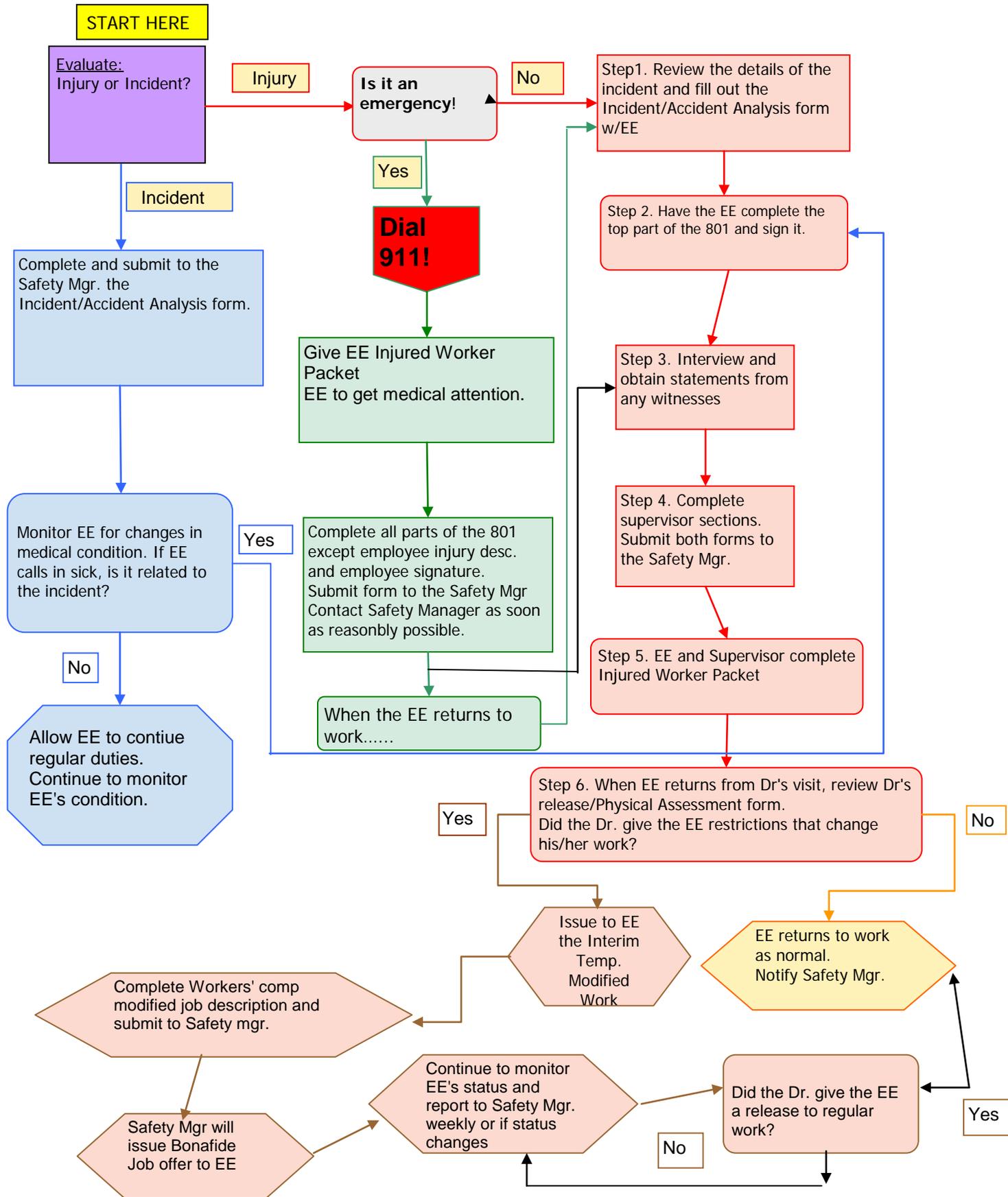
Third Step - Interview witnesses: Witnesses to the accident or persons having knowledge valuable to the analysis should be met with individually. Emphasis should be placed on determining the facts, not on placing blame. If the injured employee(s) is/are not seriously injured, they should be interviewed while awaiting transport for medical treatment. All questions should be open-ended (who, what, when, where, how and why), to encourage a detailed account of the facts. Yes and No questions should be avoided.

Fourth Step - Analyze data to determine causes and best practices to prevent recurrence: Refer to your notes from the scene of the accident and witness interviews. Work backwards from the accident to trace all causes to their source. It is helpful to have multiple people involved in determining possible solutions. Each cause identified presents an opportunity for intervention to reduce the potential for future accidents:



Fifth Step - Follow up on corrective actions: This is usually the function of the safety officer or safety committee. At the next safety committee meeting, any accident analysis reports should be reviewed to ensure appropriate corrective actions (Countermeasures/Best Practices) were identified. Furthermore, steps should be taken to ensure that these actions have been implemented at the site of the accident as well as in any other areas appropriate in the organization. Any accidents or incidents occurring, for which a report was not completed, should be referred to the appropriate person responsible for completion of the report.

Injury/Incident Flowchart for Managers



Oregon Military Department

Employee Incident/Accident Report

To be completed by employee:

1. Describe your work activity prior to and up to the time of accident.
2. Describe exactly what happened:
3. Describe what cause or causes attributed to the accident? (your actions, equipment, other factors)
4. Were you aware of the hazard prior to this incident (i.e. signs, hazard identified)? If so, describe how you became aware of it (i.e. reported to supervisor prior? If so, whom?)
5. Describe the type of medical treatment you received (if any):
Treatment: None First Aid Only Doctor Hospital
6. List any witnesses to the Incident/Accident: