

EXAMPLES ON HOW TO USE NEW EMPLOYER'S REPORT OF OCC. INJURY OR ILLNESS

EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):			
EMPLOYER	After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:		
	Employee was doing necropsies all day which required her to do prolonged standing. The work table was not adjustable and by the end of the day the employee had a stiff and sore back.		
	What was the injury, illness or exposure? Back injury		
INITIAL CAUSE	CONTRIBUTING FACTORS AND ACTIVITIES		PREVENTIVE ACTIONS
<input type="checkbox"/> Struck by or against object (indicate) <input type="checkbox"/> Caught in/under/ between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: ___ Needle stick ___ Sharps <input type="checkbox"/> Animal bite XX <input type="checkbox"/> Other, Explain Prolonged standing in one spot	Equipment <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable XX <input type="checkbox"/> Improper equipment or material used for job Personal protective equipment <input type="checkbox"/> Not worn <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure Training/Experience <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience Work Area XX <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp. etc)	<input type="checkbox"/> Ventilation issues XX <input type="checkbox"/> Ergonomic factors Employee <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue XX <input type="checkbox"/> Unbalanced or poor position or motion <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice Assistance <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain) _____ Use additional pages as needed	SUPERVISOR WILL: <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan XX <input type="checkbox"/> Request ergonomic evaluation <input type="checkbox"/> Order new equipment <input type="checkbox"/> Order new personal protective equipment <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Schedule preventive maintenance XX <input type="checkbox"/> Will retrain employee before task is re-assigned. <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis. XX <input type="checkbox"/> Reconfigure work area <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other _____ Preventive actions will be completed by: Name: Ima Responsible Expected date of completion: Mar. 1, 2006

EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):			
EMPLOYER	After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:		
	Employee was trying to distract an animal so it wouldn't bite his co-worker and got bit by the animal instead. The animal was not wearing any restraining devices and the employees were not wearing any personal protective equipment.		
	What was the injury, illness or exposure? Animal bite		
INITIAL CAUSE	CONTRIBUTING FACTORS AND ACTIVITIES		PREVENTIVE ACTIONS
<input type="checkbox"/> Struck by or against object (indicate) <input type="checkbox"/> Caught in/under/ between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: ___ Needle stick ___ Sharps XX <input type="checkbox"/> Animal bite <input type="checkbox"/> Other, Explain	Equipment <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Improper equipment or material used for job Personal protective equipment XX <input type="checkbox"/> Not worn XX <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure Training/Experience <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience Work Area <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp. etc)	<input type="checkbox"/> Ventilation issues <input type="checkbox"/> Ergonomic factors Employee <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Unbalanced or poor position or motion XX <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice Assistance <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain) _____ Use additional pages as needed	SUPERVISOR WILL: XX <input type="checkbox"/> Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan <input type="checkbox"/> Request ergonomic evaluation <input type="checkbox"/> Order new equipment XX <input type="checkbox"/> Order new personal protective equipment <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Schedule preventive maintenance XX <input type="checkbox"/> Will retrain employee before task is re-assigned. <input type="checkbox"/> Perform on-site review of work activity, update job safety analysis. <input type="checkbox"/> Reconfigure work area <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other _____ Preventive actions will be completed by: Name: Willie Cando Expected date of completion: 3/25/06