

THIS PAGE IS TO BE COMPLETED BY THE EMPLOYEES SUPERVISOR

Is the validity of the injury in question? Yes No

Employee provided first aid? Yes No

Employee requested medical care? Yes No

Caused by Non-City personnel? Who? Yes No

Employee contact Risk after treatment? Yes No

Did employee return to work same day? Yes No

Type of first aid received: _____

Medical facility used: _____

Light duty available in the department? Yes No N/A

CAUSE(S) Based on Investigation; Mark ALL Appropriate Boxes below

UNSAFE ACTS:

- Unsafe Loading/Lifting/Carrying
- Failure to Use Personal Protective Equipment
- Using Defective and/or Broken Equipment/Machine/Tool
- Defeating Safety Device / Machine Guard
- Operating Equipment/Machine/Tool without Authority
- Machinery in Motion – Adjusting, Clearing Jams, cleaning
- Operating at Unsafe Speed
- Failure to Warn Others
- Horseplay (distracting, startling, teasing other associates)
- Failure to observe proper or established safety procedures
- Inattention
- Other: _____
- NO UNSAFE ACT(S)

HAZARDOUS CONDITIONS:

- Inadequate Ventilation
- Improper Lighting
- Slippery Work Surface
- Improperly Guarded Equipment/Machine/Tool
- Defective Equipment /Machine/Tool
- Poor Housekeeping
- Improper Dress or Apparel (i.e. wearing jewelry)
- Contact with Harsh Chemicals or Skin Irritants
- Unsafe Design or Construction
- Unsafe Work Procedure or Work Practice
- Hazardous Weather (High Wind, Lightening, Rain, Hail)
- Combative Citizen
- Other: _____
- NO HAZARDOUS CONDITION(S)*VERY UNLIKELY

Suggestions to prevent this incident from occurring again? _____

What is the suggestive action completion date?	
Supervisor's Signature:	Date:
Employee's Signature:	Date:

Failure to promptly report an injury or incident may result in the denial of the claim.

ORIGINAL TO Risk Management.

MAKE A COPY FOR YOUR SUPERVISOR.