

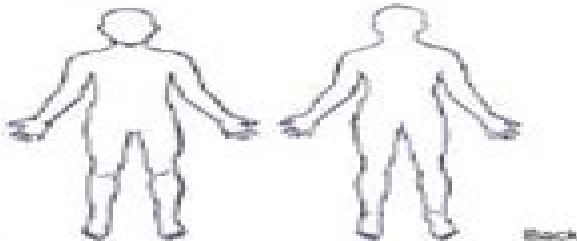


ACCIDENT/INJURY REPORT

This form is to be used to report workplace accidents, to include: near misses, injuries, illnesses, or exposures. Use ballpoint pen and attach additional sheets to this report if more room is needed. The individual will complete Part I of this report. The supervisor or instructor will conduct a thorough review and complete Part II. The Safety Officer will investigate the event, identify a primary cause if possible, add any written recommendations, make copies, and distribute the form when completed.

Do not move equipment involved in a work-related accident involving a fatality, hospitalization of 2 or more staff, or serious injury unless moving the equipment 1) allows victims to be removed or 2) prevents further accidents. The equipment **must not** be moved until a representative of the Department of Labor & Industries investigates the accident and releases the equipment.

PART I – TO BE COMPLETED Within 24 hours

1. Employee Use Electronic Form Contract staff Use Electronic Form <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor		<input type="checkbox"/> Class II Correctional Industries <input type="checkbox"/> Class IV Off Site Work Crew <input type="checkbox"/> Class III Institutional Support <input type="checkbox"/> Class V Community/Restitution Worker		Offender Number
2. Individual Name (Last, First, MI)		3. Sex <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth	5. Work telephone #
6. Job Classification/Working Title		7. Normal scheduled shift <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night		8. Days off
9. Assigned Work Location			10. Address/Mail Stop	
11. Location of incident, Facility, Building – Be General, i.e., (example) West Complex Food Service Back Door.			12. Date of event:	13. Time of event <input type="checkbox"/> AM <input type="checkbox"/> PM
14. What part(s) of body was affected (e.g., right ankle, left index finger, lungs, etc.)?				
15. Type of Injury/Illness/Exposure (check all that apply)				
<input type="checkbox"/> Ache/Soreness	<input type="checkbox"/> Burn-Steam	<input type="checkbox"/> Body Fluids or Blood of Another Person		
<input type="checkbox"/> Noise	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fumes/Gas/Vapors		
<input type="checkbox"/> Contact with Toxics/Chemicals	<input type="checkbox"/> Disease-Infection	<input type="checkbox"/> Wound/Abrasion		
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Tingling/Numbness	<input type="checkbox"/> Nausea		
<input type="checkbox"/> Burn-Chemical	<input type="checkbox"/> Contusion/Blueses			
<input type="checkbox"/> Burn-Flame	<input type="checkbox"/> No Injury/Illness	<input type="checkbox"/> Other		
<input type="checkbox"/> Needle Stick(Add type and brand name of needle/syringe in # 16 below)				
16. How did you sustain a work injury?				
17. What have you done or are going to do to ensure accidents/incidents of this type do not happen in the future?				
18. Did this incident occur during training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Do you believe you were assaulted by an offender? (per DOC 830.180 Assault Benefits for Employees) <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Was this a work related injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Was this an aggravation of a previous injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. To whom did you report this event?		23. Name of witness, their title, and work telephone number		

Signature _____

Date _____

Kanas Workers Accident Report Forms

TD Snyder



Kanas Workers Accident Report Forms:

Whispering the Techniques of Language: An Psychological Journey through **Kanas Workers Accident Report Forms**

In a digitally-driven world where displays reign supreme and instant conversation drowns out the subtleties of language, the profound techniques and mental nuances hidden within phrases frequently go unheard. However, situated within the pages of **Kanas Workers Accident Report Forms** a interesting fictional prize pulsating with raw feelings, lies a fantastic journey waiting to be undertaken. Published by a talented wordsmith, that charming opus attracts visitors on an introspective journey, lightly unraveling the veiled truths and profound impact resonating within the very cloth of every word. Within the emotional depths with this poignant evaluation, we can embark upon a honest exploration of the book is core styles, dissect their charming publishing fashion, and succumb to the powerful resonance it evokes deep within the recesses of readers hearts.

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