



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

L Reisser



Kanas Workers Accident Report Forms:

Whispering the Secrets of Language: An Emotional Quest through **Kanas Workers Accident Report Forms**

In a digitally-driven world wherever displays reign supreme and immediate interaction drowns out the subtleties of language, the profound secrets and mental subtleties concealed within words usually move unheard. Yet, set within the pages of **Kanas Workers Accident Report Forms** a captivating fictional value pulsating with natural thoughts, lies a fantastic quest waiting to be undertaken. Penned by a talented wordsmith, that marvelous opus attracts readers on an introspective journey, softly unraveling the veiled truths and profound impact resonating within ab muscles cloth of every word. Within the emotional depths with this moving review, we will embark upon a honest exploration of the book is core styles, dissect their interesting writing fashion, and succumb to the effective resonance it evokes deep within the recesses of readers hearts.

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Table of Contents Kanas Workers Accident Report Forms

1. Understanding the eBook Kanas Workers Accident Report Forms
 - The Rise of Digital Reading Kanas Workers Accident Report Forms
 - Advantages of eBooks Over Traditional Books
2. Identifying Kanas Workers Accident Report Forms
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Kanas Workers Accident Report Forms
 - User-Friendly Interface
4. Exploring eBook Recommendations from Kanas Workers Accident Report Forms
 - Personalized Recommendations
 - Kanas Workers Accident Report Forms User Reviews and Ratings

- Kanas Workers Accident Report Forms and Bestseller Lists
- 5. Accessing Kanas Workers Accident Report Forms Free and Paid eBooks
 - Kanas Workers Accident Report Forms Public Domain eBooks
 - Kanas Workers Accident Report Forms eBook Subscription Services
 - Kanas Workers Accident Report Forms Budget-Friendly Options
- 6. Navigating Kanas Workers Accident Report Forms eBook Formats
 - ePub, PDF, MOBI, and More
 - Kanas Workers Accident Report Forms Compatibility with Devices
 - Kanas Workers Accident Report Forms Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Kanas Workers Accident Report Forms
 - Highlighting and Note-Taking Kanas Workers Accident Report Forms
 - Interactive Elements Kanas Workers Accident Report Forms
- 8. Staying Engaged with Kanas Workers Accident Report Forms
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Kanas Workers Accident Report Forms
- 9. Balancing eBooks and Physical Books Kanas Workers Accident Report Forms
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Kanas Workers Accident Report Forms
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Kanas Workers Accident Report Forms
 - Setting Reading Goals Kanas Workers Accident Report Forms
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Kanas Workers Accident Report Forms
 - Fact-Checking eBook Content of Kanas Workers Accident Report Forms
 - Distinguishing Credible Sources

-
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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