

B-E EMPLOYEE'S REPORT OF INJURY / ILLNESS (ON THE JOB INCIDENTS)

INSTRUCTIONS: Injured employee is to fill out this form describing the on the job incident. Be sure injured worker and supervisor sign back side of this form, then forward to Human Resources.

NAME: _____ BUILDING: _____

Start time of work: _____

Date of accident/illness: _____

Time of accident/illness: _____

Date you reported: _____

Time you reported: _____

Exact location of accident or situation causing illness: _____

Describe accident, near miss, or situation contributing to illness. Include the machine, equipment, object, or substance involved. Use extra space on reverse side if necessary. Attach all other facts, photographs, drawings/diagrams needed to clarify what happened: _____

Carrying/Lifting _____ pounds.

NATURE OF INJURY (be specific, indicating right, left, upper, lower, etc.)

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Sprain | <input type="checkbox"/> Head | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Trunk | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Neck | <input type="checkbox"/> Toe |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Hand | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Back _____ | <input type="checkbox"/> Arm | <input type="checkbox"/> Internal _____ |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Finger | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Foreign body in eye | <input type="checkbox"/> Wrist | |

NATURE OF ILLNESS (be specific): _____

In your opinion, was this incident caused in any way by someone not employed here?

☐ Yes ☐ No

If yes, please provide the complete name, address, telephone number, and employer of the person: _____

CAUSE: Basic cause:

- ☐ Defective tools, equipment or substance
- ☐ Unsafe design/construction
- ☐ Inadequately guarded
- ☐ Unguarded
- ☐ Hazardous arrangement
- ☐ Unsafe illumination

Contributing cause, if any:

- ☐ Operating w/o authority
- ☐ Operating unsafe speed
- ☐ Making safety devices inoperative
- ☐ Using unsafe equipment
- ☐ Using equipment unsafely
- ☐ Unsafe loading, placing, mixing

CONTINUED ON BACK

- Basic cause continued:
- ☐ Unsafe clothing
 - ☐ Insufficient instruction
 - ☐ Failure to use personal protective devices
 - ☐ Taking unsafe position

- Contributing cause continued:
- ☐ Employed in moving of dangerous equipment
 - ☐ Distraction, teasing, horseplay
 - ☐ Other (explain) _____

ADDITIONAL DOCUMENTATION EXPLAINING CAUSE OF INJURY/ILLNESS:

CORRECTIVE ACTION GUIDE (Supervisor)

Based on the cause of this accident/illness, I am taking the following corrective action:

UNSAFE ACT:

- ☐ Stop the worker
- ☐ Study the job
- ☐ Instruct
- ☐ Follow-Up

UNSAFE CONDITION(S):

- ☐ Remove
- ☐ Guard
- ☐ Warn
- ☐ Supervisory

FURTHER ACTION REQUESTED:

- ☐ Refer to H.R. Director
- ☐ Report to Safety Committee
- ☐ Report to Maintenance Dept.

What I am actually doing to prevent similar injuries, near misses, or illness:

Further recommendations:

Date

Worker

Date

Supervisor

Date

H.R. Director