

Klamath County Employee Injury Report

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

Employee Name: _____ Dept.: _____
 Job Title: _____ Date of Hire: _____
 Date of Accident/Incident: _____ Time of Accident/Incident: _____
 Date Reported: _____ To Whom Reported: _____
 Dates of Work Lost: _____ Site Supervisor: _____
 Accident /Incident Location: _____ 801 Filed? Y N

If 801 to be filed, please complete information below:

Employee Address: _____
 Employee Phone #: _____ Date of Birth: _____ Male Female
 Social Security #: _____ Employee Education: (# years completed, or GED) _____
 Was employee hospitalized overnight as inpatient (if emergency room only, mark no) Yes No
 If yes, name and address of hospital: _____

Parts of Body Affected		
<u>Head/Neck</u>	<u>Left Side</u>	<u>Right Side</u>
Scalp		
Neck		
Ears		
Eyes		
Mouth		
Teeth		
Face		
<u>Upper Extremities</u>	<u>Left Side</u>	<u>Right Side</u>
Shoulder		
Upper Arm		
Elbow		
Forearm		
Wrist		
Hand		
Fingers		
<u>Lower Extremities</u>	<u>Left Side</u>	<u>Right Side</u>
Thigh		
Lower Leg		
Knee		
Ankle		
Foot/Toes		
<u>Trunk</u>	<u>Left Side</u>	<u>Right Side</u>
Lower Back		
Upper Back		
Chest		
Abdomen		
Hip		
Groin		

Nature of Injury	
Cut	Foreign Body in Eye or Sliver
Scrape	Burn
Bruise	Electric Shock
Skin Rash	Difficulty Breathing
Numbness	Pain in Body Part Identified at Left
Dizziness	Jammed Finger or Toe
Inflammation	Other: _____

Contributing Factors
Machinery Defect (Save defective parts & pieces)
Tool or Equipment Broke (Save broken parts & pieces)
Equipment Guarding
Proper Tools/Equipment Not Available
Floor, Work Surface, or Walking Surface
Housekeeping
Lighting
Clothing or Jewelry
Improper Ergonomics
Other: _____

Work Behavior at Time of Injury
<i>(Please check all items that pertain)</i>
Lifting or Carrying (circle correct item)
Reaching
Pushing or Pulling (circle correct item)
Bending or Twisting (circle correct item)
Running
Stepping (walking or moving from one level to another)
Typing
Other Repetitive Motion Tasks
Jumping
Driving (If so, what vehicle?)
Operating Equipment
Innocent Bystander
Other _____

Safety Equipment in Use at Time of Accident/Incident:

- 1. Describe what happened (include sequence of events; equipment, materials, substances being used and environment – PLEASE BE SPECIFIC):**

- 2. How long have you been doing this particular job? _____**

- 3. Have you had any similar incidents in the past? Yes No (If yes, please describe by including date, type of incident, and if any action was taken):**

- 4. Have you injured this part(s) of your body previously or is there any pre-existing condition that could affect the injury? Yes No (if yes, please explain):**

- 5. What do you think can be done to prevent this incident from reoccurring?**

- 6. Why did the accident/incident happen or the condition exist?**

- 7. What could have been done, or should be done, to prevent this accident/incident?**

- 8. Have there been accidents or incidents in this same activity? Was action taken?**

- 9. Please Provide Witness Information:**

Klamath County ACTION Form

Accident/Incident and Employee Injury Analysis: a step-by-step approach that simplifies the analysis process

Company: _____ Employee: _____ Supervisor: _____

Date/time of incident: _____ Date/time reported: _____ Incident location: _____

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Incident/near miss | <input type="checkbox"/> Accident | <input type="checkbox"/> First Aid |
| *File 801 if these boxes are checked | <input type="checkbox"/> *Medical care | <input type="checkbox"/> *Time loss |
| | | <input type="checkbox"/> *Fatal |

Describe accident/incident:

A-C-T-I-O-N

Establishing accident analysis procedures are not only required, but also beneficial to your business. Having a process in place will allow you to recognize the contributing factors involved and prevent future injuries. In order to simplify the analysis process, here is an approach using six easy ACTION steps. Each step requires action, either by the employer or safety committee members.

Accident/incident scene preservation

This is the beginning of your analysis. Your primary goal is to secure the scene. The scene must be secured as soon as possible in order to preserve critical physical clues.

Is the hazard sufficiently controlled to prevent further injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was first-aid provided to ensure well-being of injured employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the scene secured to protect clues for analysis purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Protect tools and equipment from being relocated.

Collect the facts

Focus on finding the facts about the event. Remember to gather valid information without drawing conclusions or assigning blame.

Document your observations. Take photos and check video surveillance if available.

Interview employees and witnesses.

Review relevant records, such as maintenance, training, policies, procedures, etc.

Track sequence of events

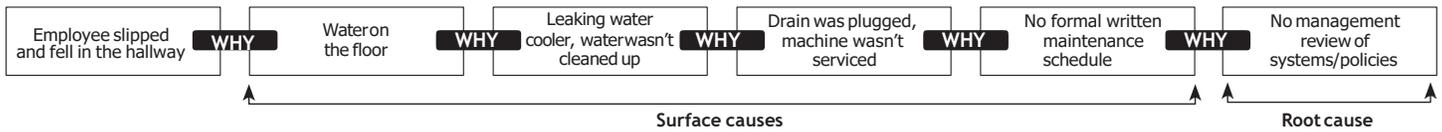
Review the information gathered and determine the series of events. Reconstructing an accurate timeline is critical to conducting an effective analysis.

Document what happened before, during and after the event.

Arrange this information to accurately determine the order of events.

OSHA requirements: On-the-job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response, 800.452.0311, on nights and weekends.

Contributing factors example



Identify contributing factors

Every accident/incident is caused by a set of contributing factors. These factors represent the surface or root causes that led to the event. The goal is to identify these by analyzing how/why each consecutive event happened.

Use the diagram above as an example.

Surface cause: unsafe behaviors and hazardous conditions.

Root cause: underlying problems with policies/procedures.

Organize possible solutions

Once the surface and root causes have been determined, you are ready to identify possible solutions. These should be prioritized based on their level of effectiveness. Remember to list multiple solutions.

Engineering controls:

Management controls:

Personal protective equipment (PPE):

Use guarding, less hazardous material or a different design to remove/reduce the hazard.

Use work practices, scheduling, or job rotations to remove/reduce the exposure.

Place a barrier, such as safety glasses, gloves, ear plugs, between employee and hazard.

Note corrective measures

The last ACTION step is to use your notes from the steps above to complete this form.

Your recommendations should be relevant and concise.

Identify who will be responsible for completing the action items on your list.

Report your findings to members of management who have the authority to act.

Remember to keep accident reports on file for record keeping purposes.

How will you correct the issues addressed in the boxes above?	Person assigned:	Completion date:

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature: _____

Date: _____