

# **City of Dixon**

## **INJURY AND ILLNESS PREVENTION PROGRAM**

Revised August 2020

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# City of DIXON

## POLICY STATEMENT

It is the policy of the City of Dixon to provide a safe and healthful environment for our employees and the general public. We strive to eliminate unnecessary hazards by providing specific safety policies and procedures and creating an atmosphere that promotes safety.

The following Injury and Illness Prevention Program (IIPP) has been developed to provide safety and loss control guidelines to protect people from injury or illness, to reduce the risk of loss to real property and business assets and to meet regulatory requirements of federal, state, and local governmental agencies.

  
\_\_\_\_\_  
Signature of City Manager

8-25-2020  
Date

# **INJURY & ILLNESS PREVENTION PROGRAM**

The City of Dixon (City) has established, implemented and is maintaining this written Injury and Illness Prevention Program (IIPP). This program has been established in accordance with Title 8, California Code of Regulations; Section 3203 of the General Industry Safety Orders. Our safety and health program includes the following elements:

- I. Management commitment/assignment of responsibilities
- II. System for assuring employee compliance with safe work practices
- III. Safety communications system with employees
- IV. Scheduled inspections/evaluation system
- V. Accident investigation
- VI. Procedures for correcting unsafe/unhealthy conditions
- VII. Safety and health training and instruction
- VIII. Recordkeeping and documentation.

Our commitment to safety and health begins with the complete support of the City and City Manager. We are committed to controlling work-place hazards and correcting hazardous conditions or practices as they occur or are recognized.

This commitment is backed by strong organizational policies, procedures, incentives, and disciplinary actions as necessary to ensure employee compliance with safe and healthful work practices.

## **I. AUTHORITY/RESPONSIBILITY**

We recognize that the responsibility for safety and health is shared by everyone. The following have assigned authority/responsibility as follows:

### **City Manager:**

The City Manager, or designee, has the responsibility to:

- Review, approve and adopt and implement the IIPP
- As necessary, designate staff to implement the safety program and provisions of the IIPP.
- Monitor the effectiveness of the IIPP and safety policies and procedures.
- Provide direction to all City Department Heads and managers and designated Safety Officers regarding the IIPP.
- Act as liaison between the City Council and Department Heads and managers.
- Recommend allocation of finances, material and personnel to support the IIPP and safety program.
- Review department budgets for allocation of funds to safety and loss control.

- Review accident investigation reports and provide direction in making the necessary recommendations.
- Establish accountability procedures for compliance with IIPP and safety policies and procedures.
- Review safety and loss control activities.
- Review, approve and sign the IIPP.

**IIPP Administrator:**

The Human Resources Director/designee shall serve as the IIPP Administrator. The role of the appointed IIPP Administrator is to assist in the development, implementation and maintenance of the IIPP. The IIPP Administrator responsibilities include, but are not limited to, the following:

- Ensure health and safety policies and procedures are clearly communicated to Department Heads, Deputy Directors, Managers, Supervisors, and other staff.
- Monitor the effectiveness of the departmental safety programs and make recommendations for change as needed.
- Coordinate with Department Heads, Deputy Directors, Managers or Supervisors for training and development of a process or method to provide training for employees.
- Ensure procedures are in place so accident investigations are initiated in a timely manner and actively participate in the investigation when needed.
- Evaluate effectiveness of policies and procedures on a regular basis and recommend revisions and updates as necessary.
- Ensure employees are informed of their responsibility for the IIPP.
- Actively contribute to the success of the overall safety program by providing ideas and suggestions to help prevent accidents and injuries.

**Department Heads:**

The Department Heads/designees responsibilities include, but are not limited to, the following:

- Maintain safety policies, programs and conditions within their respective departments.
- Ensure safe and healthful workplace practices and compliance with the IIPP and safety policies and procedures.
- Develop departmental specific safety guidelines, with assistance from the IIPP Administer.
- Participate in conducting accident investigations within their department as needed.
- Assist in the development and management of department safety programs, policies and procedures.
- Encourage employees to report unsafe conditions with assurance that action will be taken without fear of reprisal.
- Receive, forward or act on as appropriate on safety related concerns/complaints.
- Recognize safety performance or services on annual performance review.

- Recommend training and retraining regarding safety policies and procedures.
- Ensure employees are informed of their responsibility on the IIPP.
- Actively contribute to the success of the overall safety program by providing ideas and suggestions to help prevent accidents and injuries.

**Department Deputy Directors/Managers/Supervisors:**

The Managers and Supervisors/designees responsibilities include, but are not limited to, the following:

- Ensure safety procedures are implemented and followed within their department.
- Conduct appropriate safety orientation and training, including department specific procedures.
- Conduct accident investigations immediately upon notification of an illness or injury.
- Complete workers' compensation claim forms.
- Ensure safety inspections of the work areas are performed.
- Ensure safety policies and procedures are clearly communicated, understood and followed by all personnel.
- Correct or mitigate unsafe conditions and practices.
- Ensure all material and equipment is maintained in good operating condition.
- Provide necessary personal protective equipment and train personnel on how to use it properly.
- Address and report safety-related issues and activities on employee's annual performance evaluation.
- Take appropriate action, including training and discipline, associated with failure to comply with safe and healthful work practices.
- Encourage employees to report unsafe conditions with assurance that action will be taken without fear of reprisal.
- Actively contribute to the success of the overall safety program by providing ideas and suggestions to help prevent accidents and injuries.

**Employees:**

The employee's responsibilities include, but are not limited to, the following:

- Follow all written and verbal safety policies, procedures and directives.
- Report all work-related injuries immediately to their supervisor, regardless of the severity.
- Perform their duties using safe work practices.
- Report unsafe conditions, work practices or hazards and equipment failures immediately to their supervisor.
- Actively contribute to the success of the overall safety program by providing ideas and suggestions to help prevent accidents and injuries.

## II. COMPLIANCE

The systems of ensuring employees comply with safe work practices and procedures include the following:

- Informing employees of the provisions of our IIPP in a readily understandable language.
- Evaluating the safety performance of all employees.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to employees whose safety performance is deficient.
- Disciplining employees (in accordance with the Personnel Rules and Regulations and/or the applicable Memorandum of Understanding) for failure to comply with safe and healthful work practices.

## III. COMMUNICATION

The City recognizes that open, two-way communication between management, labor organizations and staff on health and safety issues is essential for an injury-free, productive workplace. As such, the following systems of communication are used to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable:

- **Safety Committee Meetings:**  
The Safety Committee meetings may be used to help facilitate safety issues and concerns. Meetings will be held at least quarterly. During these meetings safety topics will be freely and openly discussed on such issues as:
  - New hazards that have been introduced or discovered in the workplace.
  - Causes of recent accidents or injuries and the methods adopted to prevent similar incidents in the future.
  - Any health or safety issue deemed necessary to require reinforcement and/or training.
  - Solicit feedback on the development of new safety policies and procedures.
  - Solicit feedback for developing annual training calendar.
- **Anonymous Notification Procedures:**  
Employees are requested and encouraged to report workplace hazards immediately to their manager or supervisor at any time without fear of reprisal. However, should an employee wish to report a hazard anonymously, they can do so in the following manner:
  - A system of anonymous notification whereby employees who wish to inform the City of workplace hazards may do so anonymously by sending a written notification to the Department Head, HR Director or City Manager by using the Hazard Alert Form, Appendix A.
  - A Safety Box is located at City Hall work room or employees may send an email to [safetybox@cityofdixon.us](mailto:safetybox@cityofdixon.us).

The Department Head or HR Director shall address notifications in a prompt and thorough manner.

- **Postings:**

A bulletin board that is accessible to employees will be used and located in each department and/or building to post safety-related information. The bulletin board may include, but is not limited to, the following items:

- Names and phone numbers of emergency contacts
- Designated routes and "safe areas" for emergency evacuations
- Complete set of required employee posters
- Blank Hazard Alert form, Appendix A

**Additional Notifications:**

Management may also communicate safety to employees in the following manner:

- Daily briefings
- Email alerts
- Tailgate meetings
- Safety bulletins
- Safety stand downs

#### **IV. HAZARD ASSESSMENT**

Periodic inspections provide a method of identifying existing or potential workplace hazards, and eliminating or controlling them. These inspections are performed in the following manner:

- Departments will conduct and document a regularly scheduled hazard inspection as outlined in the Hazard/Workplace Inspection Schedule, Appendix C.
- Inspections will be performed by a qualified person.
- The Department Head will arrange for an inspection and investigation when new substances, processes, procedures or equipment that present potential new hazards are introduced into the workplace, or whenever a new or previously unrecognized hazard is identified..
- Employees will be encouraged to report possible hazardous situations, knowing their reporting will be given prompt and serious attention without fear of reprisal.
- It is the intent of the City to abate or mitigate any hazard which gives rise to a risk of imminent harm to any person.

#### **V. ACCIDENT/EXPOSURE INVESTIGATIONS**

A thorough investigation of all accidents will help identify causes and effective corrective actions that can help prevent similar incidents from reoccurring. Such information is critical to preventing and controlling hazards and potential accidents. All reportable injuries or illnesses



must be recorded within seven (7) calendar days after learning of the occurrence on the OSHA 300 log. Human Resources or designee completes the OSHA Report.

Procedures for investigating workplace accidents and hazardous substance exposure should be performed in a timely manner by the Supervisor. Required forms include the Incident Investigation Report, Appendix D, Supervisor's Incident Report Form, Appendix E, the Employee's Report of Injury Form, Appendix F and the Witness Statement Form, Appendix G.

The investigation should include:

- Notifying the HR Director/designee and Department Head.
- Visiting the accident scene as soon as possible.
- Interviewing injured employees and witnesses.
- Examining the workplace for factors associated with the accident/exposure.
- Determining the cause(s) of the accident/exposure.
- Reviewing results of the accident investigation and recommending corrective actions to the HR Director and Department Head.
- Employees should complete their version of the incident by completing the Employee' Report of Injury Form.
- Witnesses to an incident should complete the Witness Statement Form.

Serious employee injuries, illnesses or fatalities will also be reported to the Cal/OSHA Sacramento Division Office within eight (8) hours of knowledge. The District Office can be contacted at: 2424 Arden Way, Suite 24, Sacramento, CA 95825 or (916) 263-2800.

A serious injury or illness is defined as:

- Any hospitalization, regardless of length of time, for other than medical observation or diagnostic testing
- Amputation
- Serious degree of permanent disfigurement (e.g., • crushing or severe burn type injuries)
- Whenever a state, county, or local fire or police agency is called to an accident scene involving an employee in which a serious injury, or illness, or death occurs.

Accident Investigation Reports will be forwarded to the Department Head and HR Director for possible further review.

## **VI. HAZARD CORRECTION**

When unsafe or unhealthy work conditions, practices, or procedures are observed or discovered, they will be corrected in a timely manner based on the severity of the hazards.

When an imminent hazard exists that cannot be immediately corrected, the exposed employees shall be removed from the immediate hazard, except those needed to correct the condition and

to address security issues. Employees who are required to correct the hazardous condition will be provided with the necessary protection.

Hazards shall be corrected according to the following procedures:

- Employees may be advised of the hazard by the posting of the Hazard Response Form, Appendix B, on the Department's Bulletin Board. Information may also be communicated verbally at staff meetings, or other appropriate means.
- All such actions taken and dates they are completed shall be documented on the Hazard Response Form, Appendix B.
- Completed forms will be maintained by the Department Head.

## **VII. SAFETY & HEALTH TRAINING**

Training is one of the most important elements of any safety program. It allows employees to learn how to perform their jobs safely, brings new ideas into the workplace, reinforces existing ideas and practices, and puts the program into action. All employees, including management, shall receive training and instruction on general and department, job-specific safety and health practices. Training and instruction shall be provided as follows:

- When the IIPP is first established, or substantively amended.
- For all new employees at new-hire orientation.
- When employees are given a new job assignment for which training has not previously been provided.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- When staff is made aware of a new or previously unrecognized hazard.
- For all employees with respect to hazards specific to each employee's job assignment.
- When a new facility or a new component of the facility is opened.
- In addition, specific instructions will be provided to all employees regarding hazards unique to their job assignment, to the extent that such information was not covered in other training.

## **VIII. RECORDKEEPING & DOCUMENTATION**

The City will implement and maintain IIPP in the following manner:

- Maintain records of hazard assessment inspections, including the person(s) conducting the inspection, unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices.
- Document safety and health training for each worker; including the worker's name or other identifier, training dates, type(s) of training, and training providers.
- Maintain accident investigation reports.
- Document the annual program reviews.

Inspection records and training documentation will be maintained for a minimum of three (3) years, or as specified in the City's records retention guidelines policy.

OSHA 300 and 300A Logs will be maintained for at least five (5) years, or longer as specified in the City's records retention guidelines policy.

**APPENDIX A**

# City of Dixon

## Hazard Alert Form

Department and Location: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Hazards posing an immediate danger to life and health should be reported as soon as possible to your Supervisor, Manager, Department Head or HR Director.

Location of Hazard (i.e., building, room, other description): \_\_\_\_\_

Description of Hazard (include whether it is *chemical, biological, physical, etc.*): \_\_\_\_\_

Recommendation for Correction (if known): \_\_\_\_\_

Has this hazard been reported to your supervisor? Yes ☐ No ☐

**OPTIONAL (if you would like to remain anonymous, leave this area blank):**

Employee Name: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*NOTE: It is illegal for any employer to take action against employees who exercises their right under the law to report unsafe conditions. We encourage our employees to report hazards and commend them for their safety awareness*

**APPENDIX B**

# City of Dixon

## HAZARD RESPONSE FORM

To be completed by the Department Head or the HR Director.

**EVALUATION OF HAZARD:**

**CORRECTIVE ACTION:**

1. Corrective action taken (describe):

2. Date corrective action was completed:

3. Who carried out corrective action?

**Department Director**

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**HR Director Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Appendix C****Hazard/Workplace Inspection Schedule**

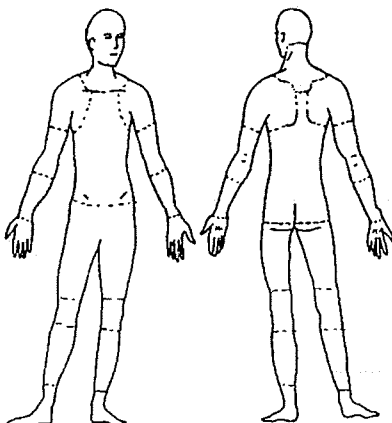
| <b>Department/Division:</b> | <b>Location/Address</b>  | <b>Frequency</b> |
|-----------------------------|--|------------------|
| Administration              | City Hall - 600 East A Street  | Annual           |
| Police Station              | Police Building - 201 West A Street                                  | Annual           |
| Public Works                | Corp Yard Building - 285 East Chestnut Street                        | Annual           |
|                             | Corp Yard – Hazardous Materials, Transit Buildings, and Storage      |                  |
| Public Works                | 285 East Chestnut Street   | Quarterly        |
| Water                       | Water Operations - 1555 Fitzgerald Drive                             | Annual           |
| Wastewater                  | Wastewater Plant Operations: Building and Plant<br>6915 Pedrick Road | Quarterly        |
| Fire Station                | Fire Building - 205 Ford Way   | Annual           |
| Parks and Recreation        | Senior Center - 201 S. Fifth Street                                  | Bi-Annual        |
| Parks and Recreation        | Aquatics Center - 450 E. Mayes Street                                | Bi-Annual        |
| Engineering Department      | Engineering Building - 171 South Fifth Street                        | Annual           |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |
|                             |  |                  |

## APPENDIX D

### Incident Investigation Report

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness.  
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

|  |  |
|--|--|
| This is a report of a: <input type="radio"/> Death <input type="radio"/> Lost Time <input type="radio"/> Dr. Visit Only <input type="radio"/> First Aid Only <input type="radio"/> Near Miss |  |
| Date of incident:  | This report is made by: <input type="radio"/> Employee <input type="radio"/> Supervisor <input type="radio"/> Team <input type="radio"/> Other _____ |

| Step 1: Injured employee (complete this part for each injured employee)            |  |   |
|--|--|---|
| Name:  | Sex: <input type="radio"/> Male <input type="radio"/> Female   | Age:  |
| Department:  | Job title at time of incident:   |   |
| Part of body affected: (shade all that apply)                                      | Nature of injury: (most serious one)   | This employee works:  |
|  | <input type="radio"/> Abrasion, scrapes<br><input type="radio"/> Amputation<br><input type="radio"/> Broken bone<br><input type="radio"/> Bruise<br><input type="radio"/> Burn (heat)<br><input type="radio"/> Burn (chemical)<br><input type="radio"/> Concussion (to the head)<br><input type="radio"/> Crushing Injury<br><input type="radio"/> Cut, laceration, puncture<br><input type="radio"/> Hernia<br><input type="radio"/> Illness<br><input type="radio"/> Sprain, strain<br><input type="radio"/> Damage to a body system:<br><input type="radio"/> Other _____ | <input type="radio"/> Regular full time<br><input type="radio"/> Regular part time<br><input type="radio"/> Seasonal<br><input type="radio"/> Temporary |
|  |  | Months with this employer   |
|  |  | Months doing this job:  |

| Step 2: Describe the incident  |             |
|--|-------------|
| Exact location of the incident:  | Exact time: |
| What part of employee's workday? <input type="radio"/> Entering or leaving work <input type="radio"/> Doing normal work activities<br><input type="radio"/> During meal period <input type="radio"/> During break <input type="radio"/> Working overtime <input type="radio"/> Other _____ |             |
| Names of witnesses (if any):   |             |
|  |             |

|   |                             |              |                  |
|---|-----------------------------|--------------|------------------|
| <b>Number of attachments:</b>   | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)?   |                             |              |                  |
| Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. |                             |              |                  |
| Description continued on attached sheets: ⑨   |                             |              |                  |

### Step 3: Why did the incident happen?

|  |   |
|--|---|
| Unsafe workplace conditions: (Check all that apply)<br><input type="checkbox"/> Inadequate guard<br><input type="checkbox"/> Unguarded hazard<br><input type="checkbox"/> Safety device is defective<br><input type="checkbox"/> Tool or equipment defective<br><input type="checkbox"/> Workstation layout is hazardous<br><input type="checkbox"/> Unsafe lighting<br><input type="checkbox"/> Unsafe ventilation<br><input type="checkbox"/> Lack of needed personal protective equipment<br><input type="checkbox"/> Lack of appropriate equipment / tools<br><input type="checkbox"/> Unsafe clothing<br><input type="checkbox"/> No training or insufficient training<br><input type="checkbox"/> Other: _____ | Unsafe acts by people: (Check all that apply)<br><input type="checkbox"/> Operating without permission<br><input type="checkbox"/> Operating at unsafe speed<br><input type="checkbox"/> Servicing equipment that has power to it<br><input type="checkbox"/> Making a safety device inoperative<br><input type="checkbox"/> Using defective equipment<br><input type="checkbox"/> Using equipment in an unapproved way<br><input type="checkbox"/> Unsafe lifting<br><input type="checkbox"/> Taking an unsafe position or posture<br><input type="checkbox"/> Distraction, teasing, horseplay<br><input type="checkbox"/> Failure to wear personal protective equipment<br><input type="checkbox"/> Failure to use the available equipment / tools<br><input type="checkbox"/> Other: _____ |
| Why did the unsafe conditions exist?   |   |
| Why did the unsafe acts occur?   |   |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts?<br>If yes, describe: <div style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No         </div>  |   |
| Were the unsafe acts or conditions reported prior to the incident? <div style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No         </div>  |   |
| Have there been similar incidents or near misses prior to this one? <div style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No         </div>   |   |



**Step 4: How can future incidents be prevented?****What changes do you suggest to prevent this incident/near miss from happening again?**

- ☐ Stop this activity      ☐ Guard the hazard      ☐ Train the employee(s)      ☐ Train the supervisor(s)
- ☐ Redesign task steps      ☐ Redesign work station      ☐ Write a new policy/rule      ☐ Enforce existing policy
- ☐ Routinely inspect for the hazard      ☐ Personal Protective Equipment      ☐ Other: \_\_\_\_\_

**What should be (or has been) done to carry out the suggestion(s) checked above?**Description continued on attached sheets: ☐**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

## Supervisor's Incident Report

Employee (EE) Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_ EE's Usual Work Schedule: \_\_\_\_\_

Date of Injury/Onset of Illness: \_\_\_\_\_ Time of Injury/Illness: \_\_\_\_\_ am/pm Time EE Began Work: \_\_\_\_\_ am/pm

Date Employer (ER) first knew of injury/illness: \_\_\_\_\_ Date DWC-1 form provided to employee: \_\_\_\_\_

Date ER received completed claim DWC-1 form: \_\_\_\_\_ or ☐ EE elected not to complete the DWC-1

Address where injury/illness occurred: \_\_\_\_\_

Location where the injury/illness occurred (i.e. office location, field, jobsite): \_\_\_\_\_

## Nature of Injury:

- ☐ Bruise/contusion  
☐ Burn/scald, ☐ Burn (chemical)  
☐ Concussion  
☐ Crushing Injury  
☐ Cut/laceration  
☐ Fracture  
☐ Hernia  
☐ Puncture  
☐ Sprain/strain  
☐ Other (describe): \_\_\_\_\_

## Nature of Illness:

- ☐ Respiratory  
☐ Internal infection  
☐ Skin disease  
☐ Poisoning (toxic materials)  
☐ Disorder due to non-toxic condition, material or substance (i.e. sunburn, welding flash, temperature)  
☐ Emotional  
☐ Cardiovascular  
☐ Other (describe): \_\_\_\_\_

## Part of Body:

- ☐ Head, face, neck ☐ Right Side  
☐ Eyes ☐ Left Side  
☐ Back  
☐ Trunk (except back)  
☐ Internal  
☐ Arm  
☐ Hand/wrist, ☐ Finger(s)  
☐ Knee  
☐ Feet, ☐ Toe(s)  
☐ Other (describe): \_\_\_\_\_

Equipment, materials and/or chemicals the EE was using when event or exposure occurred: \_\_\_\_\_

What was the specific activity the EE was doing when the event or exposure occurred? \_\_\_\_\_

How did the injury/illness occur? (Describe the sequence of events and specify the objects or exposures which caused the injury.) \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Contact Info: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Contact Info: \_\_\_\_\_

Was medical treatment required? ☐ No, first aid only ☐ Yes, Date/Time of doctor visit: \_\_\_\_\_

Was the EE unable to work for at least one full day?

☐ No, returned to work same day ☐ Yes, last day worked: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Was the EE hospitalized as an inpatient overnight?

☐ No ☐ Yes, Name of Hospital/Address: \_\_\_\_\_ Date(s): \_\_\_\_\_

Was the EE placed on a job transfer or job restriction?

☐ No ☐ Yes, explain: \_\_\_\_\_ Date(s): \_\_\_\_\_

What steps will be taken, by the employer, to remove the hazard, improve workplace policies/procedures or provide training? \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Head Signature \_\_\_\_\_ Date \_\_\_\_\_

HR USE: Case #: \_\_\_\_\_

Distribute: ☐ Original to EE W/C File☐ Safety File☐ Supervisor

**APPENDIX F****Employee's Report of Injury Form**

**Instructions:** Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

|  |                           |
|--|---------------------------|
| I am reporting a work related: <input type="radio"/> Injury <input type="radio"/> Illness <input checked="" type="radio"/> Near miss |                           |
| Your Name:   |                           |
| Job title:   |                           |
| Supervisor:  |                           |
| Have you told your supervisor about this injury/near miss? <input type="radio"/> Yes <input type="radio"/> No                        |                           |
| Date of injury/near miss:  | Time of injury/near miss: |
| Names of witnesses (if any):   |                           |
| Where, exactly, did it happen?   |                           |
| What were you doing at the time?   |                           |
| Describe step by step what led up to the injury/near miss. (continue on the back if necessary):                                      |                           |
| What could have been done to prevent this injury/near miss?  |                           |
| What parts of your body were injured? If a near miss, how could you have been hurt?  |                           |
| Did you see a doctor about this injury/illness? <input type="radio"/> Yes <input type="radio"/> No                                   |                           |
| If yes, whom did you see?  | Doctor's phone number:    |
| Date:  | Time:                     |
| Has this part of your body been injured before? <input type="radio"/> Yes <input type="radio"/> No                                   |                           |
| If yes, when?  |                           |
| Your signature:  | Date:                     |

## **APPENDIX G**

### **Witness Statement Form for Work Related Injuries**

Name of Witness: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM or PM

Location of Accident: \_\_\_\_\_

How close were you when the accident occurred (in feet): \_\_\_\_\_

Did you see the accident? \_\_\_\_\_

Who, if anyone was injured? \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion , what caused the accident? \_\_\_\_\_

\_\_\_\_\_

How could this accident have been prevented? \_\_\_\_\_

\_\_\_\_\_

Were there other witnesses to this accident? \_\_\_\_\_ If so, please list names:

\_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_