

FORM C

MEDINA COUNTY SUPERVISOR FOLLOW-UP OF EMPLOYEE ACCIDENT, INJURY & ILLNESS REPORT

(TO BE COMPLETED BY THE SUPERVISOR)

PLEASE PRINT IN INK OR TYPE

* ALSO ATTACH, IF APPLICABLE, COMPLETED POLICE REPORT

Name of injured person _____	Social Security # _____
Home Address _____	Date of Birth _____ Sex: M F
City/State/Zip _____	Home Phone () _____
Job Title _____	Department _____
Supervisor _____	Work Phone () _____
Date of Incident _____	Time of Incident _____
Location of Incident _____	

A. Incident Analysis	Potential for Disabling Injury [] High [] Low	Probability of Occurrence [] High [] Medium [] Low
What Actions Caused or Contributed To The Incident?	What Condition of Tools, Equipment or Job Site Caused/Contributed To The Incident?	
<input type="checkbox"/> Operating w/o necessary training <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Inadequate warning/signal <input type="checkbox"/> Nullified safety device <input type="checkbox"/> Used defective equipment <input type="checkbox"/> Used wrong tool/equipment	<input type="checkbox"/> Equipment not at zero energy state <input type="checkbox"/> Riding hazardous equipment <input type="checkbox"/> Improper position/posture <input type="checkbox"/> Inadequate protective equipment <input type="checkbox"/> Standard procedure deviation <input type="checkbox"/> Other (See Comments Below)	<input type="checkbox"/> Inadequate guard/safety devise <input type="checkbox"/> Hazardous attire <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Unsecured against movement <input type="checkbox"/> Protruding Object Hazard <input type="checkbox"/> Close clearance/congestion <input type="checkbox"/> Hazardous arrangement/storage <input type="checkbox"/> Defective tools/equipment <input type="checkbox"/> Atmospheric condition <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Other (See Comments Below)
What Action Will Be Take To Prevent Recurrence?		
<input type="checkbox"/> Reinstruction of employee(s) involved <input type="checkbox"/> Require Protective equipment <input type="checkbox"/> Improve inspection procedure	<input type="checkbox"/> Install Safety Guard <input type="checkbox"/> Improve illumination <input type="checkbox"/> Eliminate congestion	<input type="checkbox"/> Use safer materials/supplies <input type="checkbox"/> Improve design/construction/method <input type="checkbox"/> Repair/replace equipment <input type="checkbox"/> Discipline of employee(s) involved <input type="checkbox"/> Improve storage/arrangement <input type="checkbox"/> Other correction (See Comments Below)
Person(s) Responsible for Corrective Action _____		Target Completion Date _____

B. Comments <i>(Attach Additional Sheets if Necessary)</i>	(Also use this space to list Witness/Passenger Information)

The Supervisor's signature is verification of the validity and completeness of this incident report.

Signature of Supervisor or Investigating Individual _____	Date Completed _____
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C. Vehicle Accident <i>ALSO COMPLETE SECTIONS A & B</i>	* County Vehicle Year, Make and Model _____	License Plate # _____
Vehicle ID Number (VIN) _____	Driver's Name _____	Department _____
Driver's License Number _____	Driver's Age _____	Home Phone # _____
		Work Phone # _____
Police Investigate? [] Yes [] No	Police Agency _____	Investigating Officer _____

D. Property Damage <i>ALSO COMPLETE SECTIONS A & B</i>	Describe Property (If Auto - Year, Make, Model, Plate # of other Vehicle) _____	Estimated Damage Amount \$ _____
Owner's Name and Address _____	Home Phone _____	Work Phone _____
Police Investigate? [] Yes [] No	Police Agency _____	Investigating Officer _____

For Safety/Benefits Office Use Only		Date Received: _____	OSHA Recordable? [] Yes [] No
Case Number _____	Case Type: [] FA [] MED [] REST [] LWD	OSHA Class: 1 2 3 4 5 6	
Safety Coordinator _____		Date _____	