



Employee Job Safety Handbook

Revised July, 2014

JOB SAFETY

PURPOSE

To create a workplace free of employee accidents and injuries.

The personal safety and health of each employee at CUSD is primary importance. The prevention of occupational injuries and illness is of such consequence that it will be given precedence over operating productivity whenever necessary. To the greatest degree possible, management will endeavor to maintain an active interest in safety. The ultimate goal is zero accidents and injuries.

The Superintendent is directed to plan and implement a CUSD injury and illness prevention program in compliance with California Labor Code and General Industry Safety Order. It shall include a system for ensuring employee compliance with safety procedures, a communication system with employees, a system for identifying/evaluating hazards, injury/illness investigation procedures, system for correcting unsafe work conditions and training/instruction procedures for employees.

Eimear O'Farrell, Ed.D
District Superintendent

Shareen Crosby
Job Safety Officer

CLARIFICATION

The Job Safety Handbook is to be used as a means of introduction to CUSD occupational health and safety programs for new hire employees and for use by existing employees who are seeking a quick reference on these programs. This handbook of the CUSD programs and Cal/OSHA standards are provided only as a summary. Full details of these programs outlined in this handbook can be found in each program's comprehensive written plan or by inquiry to your supervisor.



TABLE OF CONTENTS

| | |
|--|----|
| PURPOSE | 2 |
| CLARIFICATION | 3 |
| DISTRICT WIDE SAFETY COMMITTEE | 5 |
| INJURY ILLNESS PREVENTION PROGRAM | 6 |
| REPORTING UNSAFE WORK CONDITIONS | 7 |
| FIRST AID AND MEDICAL ATTENTION | 8 |
| REPORTING WORK-RELATED INJURIES AND ILLNESSES | 9 |
| GENERAL SAFETY RULES | 10 |
| HAZARDOUS CHEMICALS | 11 |
| BLOODBORNE PATHOGENS | 12 |
| EMERGENCY ACTION PLAN | 13 |
| SECURITY | 13 |
| LIFTING | 14 |
| ERGONOMICS | 14 |
| PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING | 15 |
| WORKPLACE HOUSEKEEPING | 16 |
| EXITS | 16 |
| WALKWAYS | 16 |
| STAIRS AND STAIRWAYS | 16 |
| ELEVATED SURFACES | 17 |
| ELECTRICAL | 17 |
| VEHICLE SAFETY | 16 |
| TRANSPORTATION OF EMPLOYEES | 18 |
| FORMS | 19 |
| REPORT OF UNSAFE CONDITIONS OR HAZARD | 20 |
| WORKERS' COMPENSATION CLAIM FORM (DWC-1) | 21 |
| SUPERVISOR'S REPORT OF WORK RELATED INJURY | 22 |

DISTRICT WIDE SAFETY COMMITTEE

MEMBERSHIP

| | |
|---|------------------------------|
| Assistant Superintendent, Business Services | Susan Rutledge (Facilitator) |
| Job Safety Officer | Shareen Crosby |
| Human Resources | Roxanne Braswell |
| Student Services & School Attendance | Jerry Ianchaurrequi |
| Associate Superintendent, Leadership | Corrine Folmer |
| Intermediate/HS Principal | Steve Pagani |
| Faculty Senate Representative | Duane Goudy |
| Food Services Director | Robert Schram |
| Maintenance Representative | Carl Brantley |
| Grounds Manager/Supervisor | Charles Henson |
| Plant Operations Director | Chris Petty |
| Nursing Services | Jeanne Prandini |
| School Office Supervisor | Michelle Fey |
| Transportation Manager/Supervisor | Steven Miralez |
| Communications & Board Relations | Kelly Avants |
| Principal | Jennifer Carter |



INJURY ILLNESS PREVENTION PROGRAM

It is CUSD's goal to provide a safe and healthy workplace for all employees and to eliminate occupational injuries and illnesses. The priority of workplace safety and health is of such importance that it is placed above operating efficiency and productivity whenever necessary.

To attain this goal, an injury and illness prevention program has been adopted in compliance with Labor Code Section 6401.7; General Industry Safety Order Section 3203; and other applicable local, state and federal laws. The program includes CUSD's policy statement, responsibilities, compliance, communication, hazard assessment, accident/exposure investigations, hazard correction, training and recordkeeping.

To be successful, the program requires cooperation in all safety and health matters, not only between the supervisor and employee, but also between staff and volunteers. It is the obligation of every employee to comply with the requirements of the injury and illness prevention program at all times.

Employees who fail to adhere to occupational safety and health standards are subject to disciplinary action, including but not limited to verbal reprimands, written warnings, suspension and/or immediate termination. The degree of discipline in any instance is at the sole discretion of management.



REPORTING UNSAFE WORK CONDITIONS

Employees have the obligation and right to report occupational unsafe conditions, unrecognized safety hazards, or safety violations of others. If you wish to make such a report, it may be made orally to your supervisor or to another member of management, or you may submit your concern in writing, either signed or anonymously. A Report of Unsafe Condition or Hazard form may be used for this purpose. This reporting form can be found in the appendices of the formal written Injury Illness Prevention Plan (IIPP) or at the back of this handbook. All reports will be reviewed and assessed. You also have the right to report any occupational hazard to the California Division of Occupational Safety and Health. Employees who report unsafe work conditions or practices are protected by law and may do so without fear of reprisal.



FIRST AID AND MEDICAL ATTENTION

Proper treatment must be obtained for all injuries and illnesses, no matter how slight:

1. Basic first aid is ordinarily adequate treatment for minor cuts, abrasions and similar injuries; more comprehensive emergency medical attention must be obtained in the case of more serious injuries and illnesses. The following actions should be taken as required by the extent of injury:
 - a. First aid should be administered if needed to control bleeding or prevent further injury. Persons who have broken bones should not be moved unless absolutely necessary. If the victim is in contact with a live electric current, the electricity should be turned off before rescue contact is made.
 - b. Immediately notify local emergency response personnel (fire department, ambulance, etc.) if a serious injury or illness requires on-site medical attention and/or transport to a hospital.
 - c. If, because of the lesser degree of injury, emergency response personnel are not needed for transportation, the injured should be transported for treatment to a licensed medical professional and/or facility approved by management. The list of current and approved CUSD medical facilities can be found in the comprehensive written IIPP.
2. If a toxic or hazardous material comes in contact with the body, the applicable treatment must be administered in accordance with the chemical's Safety Data Sheet (SDS). While injury to the eyes or skin caused by chemical contact normally is best treated by flushing with water, there may be exceptions. SDS instructions and professional medical advice must be followed. To obtain a copy of a hazardous chemical's SDS contact Shareen Crosby, Job Safety Officer, (559) 327-9214.

REPORTING WORK-RELATED INJURIES AND ILLNESSES

All work-related injuries and illnesses, regardless of their type or seriousness, must be reported to management IMMEDIATELY.

If you are injured or become ill because of your job, you are entitled to the applicable workers' compensation benefits. When an employee sustains a work-related injury or illness the employee will immediately report the injury to his or her supervisor. The injured employee must complete the "Employee" section of the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC Form I) and give the form to his or her supervisor. The injured employee should keep the copy marked "Employee's Temporary Receipt" until he or she receives the dated copy from CUSD's Benefits Department.

If you need assistance completing the DWC Form I or have questions on workers' compensation you may contact Shareen Crosby at 327-9124.

NOTE: Employees who report work-related injuries or illnesses are protected by law and may do so without fear of reprisal.

GENERAL SAFETY RULES

A good safety record is the result of safe working conditions combined with alertness to common sense safe and healthy work practices. Compliance with the following general safety rules is important to accident prevention.

1. All persons shall follow these safe practice rules, render every possible aid to safe operations and report all unsafe conditions or practices to their supervisor.
2. Personal safety protection equipment must be used as required by management.
3. Equipment is only to be operated by those authorized as a result of their knowledge, training and experience.
4. Supervisors shall insist on employees observing and obeying every rule, regulation and order as necessary to the safe conduct of work and shall take such action necessary to maintain observance.
5. All employees shall be given frequent accident prevention instructions.
6. Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
7. Horseplay, scuffling and other acts that tend to have an adverse influence on the safety or well-being of the other employees shall be prohibited.
8. Proper work instruction shall be conducted to ensure that all guards and other protective devices are in proper places and adjustment and shall report deficiencies promptly to their supervisor.
9. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
10. Fire protection and prevention practices, including the clearances of passage aisles and doorways, proper storage of flammable materials and control of smoking and open flame, must be observed at all times.
11. All injuries shall be reported promptly to their supervisor so that arrangements can be made for medical and first aid treatment.

In addition to the general rules listed above and the practices listed in this Job Safety Handbook, other more specific safe and healthy work practices may apply to your assignment. If so, you are required to know and follow them carefully. All employees must comply with all laws, rules and regulations concerning the safe and healthy work practices as published by governmental agencies having jurisdiction over such matters.

HAZARDOUS CHEMICALS

Governmental regulations require that you have one easy reference for important information regarding hazardous substances in the workplace. This information is contained on labels and in a Safety Data Sheet (SDS) for each such substance in your workplace. It includes:

1. **Chemical Identity:** Name of the product.
2. **Manufacturer's Information:** Name, address, phone number and emergency phone number of the manufacturer.
3. **Hazardous Ingredients/Identity Information:** List of hazardous chemicals. Since chemicals are often known by different names, all common (trade) names should be listed. The OSHA Permissible Exposure Limit for each hazardous ingredient must be listed.
4. **Physical/Chemical Characteristics:** Boiling point, vapor pressure and density, melting point, evaporation rate, etc.
5. **Fire and Explosion Hazard Data:** Flash point, flammability limits, ways to extinguish, special firefighting procedures, unusual fire and explosion hazards.
6. **Reactivity Data:** How certain materials react with others when mixed or stored together.
7. **Health Hazard Data:** Health effects (acute= immediate; chronic= long-term), ways the hazard can enter the body (lungs, skin or mouth), symptoms of exposure, emergency and first aid procedures.
8. **Precautions of Safe Handling and Use:** What to do in case materials spill or leak, how to dispose of waste safely, how to handle and store materials in a safe manner.
9. **Control Measures:** Ventilation (local, general, etc.), type of respirator/filter to use, protective gloves, clothing and equipment, etc.

Every employee must read and understand a hazardous chemical's SDS before starting any work. Every employee must read, understand and follow all chemical labels, warnings and instructions. An employee must use corrective protective clothing and equipment when directed by the chemical's label or SDS. Employees are encouraged to learn emergency procedures and practice safe work habits when working around hazardous chemicals. If an employee has questions about a hazardous material, he or she should inquire with their supervisor. Failure to comply with the requirements of a SDS may result in disciplinary action up to and including immediate discharge.

BLOODBORNE PATHOGENS

The Bloodborne Pathogens program is intended to acquaint employees with the occupational exposure and prevention of hepatitis-B, hepatitis C and the HIV virus which causes AIDS. Exposure to infectious blood, body fluids, or other potentially infected materials that carry these viruses could put your health at risk if you don't know what to do. Certain occupations are at higher risk in the exposure of bloodborne pathogens than others. Even though most occupations are at low risk of being exposed to these viruses in the workplace, it is better to be safe. NO RISK is better than LOW RISK.

Employers and employees in every kind of industry should learn to identify potentially infectious materials found at work and regard all blood and body fluids as potentially dangerous. CUSD's Bloodborne Pathogen Exposure Control Program has been developed to identify an employee's potential exposure to blood, body fluids, or other potentially infected materials as well as procedures to take when an employee has been exposed. The program includes the following components:

1. Written Plan – CUSD will maintain a comprehensive written Bloodborne Pathogens Exposure Control Plan.
2. Exposure Risk at Work – Identification of tasks that may result in occupational exposure to blood, body fluids, or other potentially infected materials.
3. Universal Precautions – Use of appropriate hand washing techniques, gloving and infectious spill clean up.
4. Personal Protective Equipment (PPE) – Use of specialized clothing or equipment to protect employees from direct exposure to blood or other potentially infectious materials.
5. Hazard Control – Decontamination of equipment and working surfaces exposed to infectious materials and appropriate and safe disposal.
6. Hepatitis B Vaccination – Employees whose occupation is assessed to have a greater exposure to blood, bodily fluids or other potentially infected materials will be offered the Hepatitis B vaccination in advance of exposure.
7. Identification of First Aid Incidents and Exposure Incidents — Determination of follow-up procedures after being exposed to blood, bodily fluids or other potentially infected materials.
8. Training — All employees shall receive training in bloodborne pathogens at initial assignment and annually; thereafter.

Questions or concerns on CUSD's Bloodborne Pathogens Exposure Control Program should be directed to your immediate supervisor, the Resource Teacher for Nursing Services, or the Job Safety Officer.

EMERGENCY ACTION PLAN

An emergency action plan has been developed to designate the actions that must be taken to ensure employee safety from fire and other emergencies. It includes:

1. Emergency escape procedures and emergency route assignments.
2. Procedures to be followed by employees who remain to perform critical operations before they evacuate.
3. Procedures to account for all students, volunteers and employees after emergency evacuation have been completed.
4. Rescue and medical duties for employees who perform them.
5. The preferred means of reporting fires and other emergencies.
6. Names or job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

The above information is posted in each work area. All employees have the obligation to make themselves familiar with the procedures applicable to their work area(s).



SECURITY

SUSPICIOUS PERSONS: To safeguard the premises and the welfare of students, volunteers and employees, you should be alert to persons whose presence appears to be of a suspicious nature. If you have doubts concerning the intentions of any person on the premises, quietly notify your supervisor and/or follow other established security procedures.

KEYS: At all times, keys to premises, buildings, offices or storage units must be kept where they are securely in your possession. Keys shall not be duplicated or loaned to others.

LIFTING

Back injuries can happen as quickly as one wrong move. Following the guidelines below will allow your lifting and carrying objects to be safer:

1. When lifting items from below arm level.
 - Lower your body to the object, bend your at your knees, not your back.
2. Bring the load as close as possible to the body before lifting.
 - Never arch your back.
3. Grip firmly with your hands (not just your fingers) and keep your arms and elbows tucked inward.
4. Lift by letting your legs push you up. Do not use your back.
5. Be sure you can see where you are going and move slowly enough to avoid bumping into other objects.
6. Do not twist your body while carrying any objects. Twisting is a major cause of injury. If you need to change direction, move your feet in the direction not your upper body.

Lifting is safest when you keep your back straight and your stomach muscles tight. Staying in good physical condition and getting proper exercises are also important.

Loads should be broken down to movable weights, routes planned and legs used to do the work. If an object is too heavy, obtain assistance from a co-worker or use a mechanical device such as a hand cart.



ERGONOMICS

Work should be performed in a position that eliminates eye strain and/or glare; and performed in ways that eliminate pressure points on parts of the body (wrists, forearms, back of thighs, etc.)

Work should be performed so that prolonged raising of the arms is not required and the neck and shoulders do not have to stoop to view the task.

Equipment should be positioned so that tasks can be performed comfortably; furniture should be adjusted and arranged to minimize strain on all parts of the body.

If you have ergonomic questions surrounding your work environment or would like an ergonomic assessment of your work area, you may contact Cheryl Loyko, CUSD Purchasing Department at (559) 327-9477.



PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

Approved safety glasses must be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns. Protective goggles or face shields must be worn where there is any danger of flying particles or corrosive materials.

Protection against the effects of occupational noise exposure (ear plugs, etc.) must be used when sound levels exceed those of the Cal/OSHA noise standard.

Protective gloves, aprons, shields or other means must be used as needed to protect against cuts, corrosive liquids and chemicals.

Appropriate foot protection is required where there is a risk of foot injuries from hot, corrosive or poisonous substances; falling objects; crushing or penetrating actions.

Eye wash facilities or a quick drench shower must be used when there are exposures to injurious corrosive materials unless otherwise directed by the MSDS for a particular material.



WORKPLACE HOUSEKEEPING



EXITS

All exit doors and passages must be clear and free of obstruction.

Exit signs and their illuminating light source must be kept clear of obstruction and in place at all times.

WALKWAYS

Aisles and passageways must be kept clear of obstruction.

Materials spilled in walkways must be cleaned up immediately.

When present, markings on aisles and walkways must be observed.

Materials or equipment must be stored in such a way that sharp projectiles will not interfere with walkways.

STAIRS AND STAIRWAYS

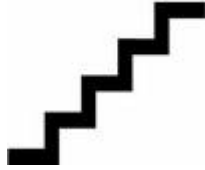
Handrails on stairways should be used, when present, to prevent falling; steps should be taken one at a time.

Slip resistant material applied on the surface of steps must not be removed.

Where stairs or stairways exit directly into any area where vehicles may be operated, barriers and warnings must be observed to prevent stepping into the path of traffic.

ELEVATED SURFACES

Means of access and egress provided to elevated storage and work surfaces must not be removed.



ELECTRICAL

All employees are required to report as soon as practical any obvious hazard to life and property observed in connection with electrical equipment or lines. Preliminary inspections and/or appropriate tests must be made to determine what conditions exist before starting work on electrical equipment or lines.

All machines, equipment, appliances, portable electrical tools and extension cords must be grounded or have a grounding conductor as applicable. Multiple plug adapters are prohibited.



VEHICLE SAFETY

Vehicle accidents are a leading cause of work-related injuries and deaths. Vehicle operation while in the course of your employment must display safe driving habits and not reflect exhibitions of speed or recklessness. Compliance with local, state and federal traffic laws are required.

You drive defensively at all times by continually watching for hazardous conditions, understanding how to defend against them and taking action in time to avoid problems. Keep your eyes and attention on the road and others. Adjust your speed and driving to changing weather and traffic conditions.

Driver's Licenses and Driving Records: All employees who, as part of their duties, have need to operate vehicles on public roads must hold a valid, properly classed driver's license and possess a driving record acceptable to management. Failure to do so may result in loss of driving privileges; change of job assignment or disciplinary action; up to and including discharge.

Seat Belts: Employees are required to wear seat belts at all times when operating or riding in a employer owned vehicle and/or when operating or riding as a passenger in any other vehicle during the course of their employment.

Alcohol and Drugs: The consumption of alcohol or drugs (even over-the-counter medications and prescriptions), can slow reactions, blur vision, reduce ability to determine distance and impair judgment. It is, therefore, a violation of our safety policy for any employee to operate a vehicle with illegal drugs in his/her system or while impaired by alcohol, prescription drugs, or over-the-counter medications.

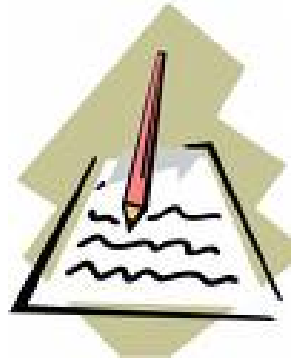
TRANSPORTATION OF EMPLOYEES

Any car, van, truck or bus used to transport employees must be equipped with an adequate number of seats and seatbelts.

When employees are transported by truck, safeguards must be provided to prevent their falling from the vehicle. Riding in a truck's flatbed or cargo area is prohibited.

Employees are prohibited from riding on top of any load which can shift, topple or otherwise become unstable.

Vehicles used to transport employees must be equipped with head lamps, brakes, horns, mirrors, windshields, seat belts and turn signals in good repair.



FORMS



REPORT OF UNSAFE CONDITION OR HAZARD

This form is for use by any faculty, staff, or volunteer who wishes to provide a safety suggestion or report a hazardous workplace condition or practice. Fill in all requested information.

Site _____ Department/Room No. _____ Date: _____

Given to: _____ Dept. Supervisor _____ District Safety Committee _____ Risk Mgt. Office

Subject: _____ Hazard Report _____ Safety Suggestion

DESCRIPTION OF SAFETY SUGGESTION OR HAZARD

Specific Location of Hazard: _____

Building: _____ Floor: _____ Room: _____

Date and time the condition or hazard was observed: _____

Description of unsafe condition or hazard: (Be as specific as possible. Attach photos if possible.) _____

What changes would you recommend to correct the condition or hazard? _____

OPTIONAL: Complete if you want a written response. (If you wish to remain anonymous, do not complete this section.)

Employee Signature: (Optional) _____ Date: _____

Note:

1. Employees are advised that use of this form or other report of unsafe conditions or practices is protected by law.
2. Risk Management will investigate all reports or questions submitted and if requested will provide a written response to the employee who provided the information or the workers in the affected area.

MANAGEMENT/SAFETY COMMITTEE INVESTIGATION

Name of person investigating the unsafe condition or hazard: _____

Results of the investigation: (What was found? Was the condition unsafe or a hazard?) (Attach additional sheets if necessary.) _____

Proposed action to be taken to correct unsafe condition or hazard: (Complete and attach a Hazard Correction Report form, IIPP Appendix D.) _____

Signature of Investigator: _____

Date: _____



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
So. Ca. Risk Mgmt. Assoc. Inc. 313 East Foothill Blvd., Upland, CA 91786
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* (909) 942-4900

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD



Supervisor's Report Of Work Related Injury

Please Type or Print

**** ALL FIELDS ON THIS FORM MUST BE COMPLETED****

Revised - 10/2007

| | |
|--|---|
| EMPLOYEE | POSITION |
| DEPARTMENT IN WHICH REGULARLY EMPLOYED | SUPERVISOR AND PHONE # |
| WHERE DID ACCIDENT OR EXPOSURE OCCUR? | ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE INJURY OCCURRED Month _____ Day _____ Year _____ | TIME INJURY OCCURRED _____ A.M. _____ P.M. |

| | |
|---|--|
| NATURE OF INJURY OR ILLNESS - PART OF BODY AFFECTED | |
| HOW DID THE ACCIDENT OR EXPOSURE OCCUR? | |
| DID EMPLOYEE OBTAIN MEDICAL TREATMENT FROM A PHYSICIAN? IF YES, GIVE NAME OF DOCTOR OR CLINIC : | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DID EMPLOYEE MISS ONE OR MORE DAYS FROM WORK? IF YES, INDICATE THE DATES MISSED OR ADVISE IF THE EMPLOYEE IS STILL OFF WORK: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|--|--|
| DID AN UNSAFE CONDITION CONTRIBUTE TO THE ACCIDENT? IF YES, PLEASE EXPLAIN: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DID THE EMPLOYEE COMMIT AN UNSAFE ACT? IF YES, PLEASE EXPLAIN: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PERSONAL FACTORS THAT COULD HAVE CONTRIBUTED TO THE ACCIDENT | |
| <input type="checkbox"/> IMPROPER ATTITUDE | <input type="checkbox"/> BODILY DEFECTS (EYESIGHT, HEARING, FATIGUE, ETC.) |
| <input type="checkbox"/> LACK OF KNOWLEDGE AND/OR SKILL | <input type="checkbox"/> N/A |
| <input type="checkbox"/> OTHER _____ | |
| WHAT HAS BEEN DONE TO PREVENT SIMILAR INCIDENTS? | |

| | |
|---|---|
| SIGNATURE OF SUPERVISOR OR DESIGNATED EMPLOYEE | DATE |
| PRINTED/TYPED NAME OF SUPERVISOR OR DESIGNATED EMPLOYEE | Distribution: White - Benefits Dept. Canary - Benefits Dept. Pink - Supervisor |