

INCIDENT PROCEDURES PROGRAM

PURPOSE / SCOPE

This policy outlines the requirements associated with reporting injuries or illnesses, near misses, or property damage that arise in or out of the course of employment and the coverage that will be made available ensures consistency for meeting applicable reporting requirements. This will provide employees and supervisors information concerning employee benefits and instructions for treatment of work related illnesses, injuries, accidents or exposures, and completion of the required forms.

This policy also provides a program designed to encourage employees to return to work following a work-related injury or illness. If an employee is able to work but is unable to return to his or her regular duties, this policy is designed to provide methods by which consideration may be given to allow the employee to return to work in a modified or alternative assignment, if and when necessary and when a modified or alternative assignment fits within the job duties of the particular position. This policy applies to all Winger Companies, herein referred to as Winger, employees who have sustained occupational injuries and non-occupational (personal) illnesses and injuries.

This program is applicable to all personnel employed by Winger, regardless of the location of the jobsite. Failure to follow this policy may result in Winger taking disciplinary action, including but not limited to termination of employment.

INCIDENT REPORTING

All incidents and near misses must be reported immediately to the Foreman, Supervisor and Safety Director. Written records must be kept of work-related fatalities, injuries, and illnesses. A Winger Incident Investigation Form needs to be filled out as soon as possible by the injured worker's immediate supervisor. Once the incident report and investigation forms have been filled out, copies are made and sent to Tom Keck (President) and Jerelyn Merrill (Safety Director) for review, comments, and follow-up activities. These incident reports are discussed monthly with all Winger supervision, crew foremen, and employees. All investigators will be properly trained in the investigation procedures contained in this program.

All recordable illnesses or injuries must be recorded on the OSHA 300 Log within seven calendar days of receiving information that the injury occurred. All original incident reports, other forms, bills, etc., are kept at Winger Main Office in Ottumwa, along with the company wide OSHA 300 Log. OSHA Logs pertaining to a jobsite are kept at the location of that particular jobsite. Recordkeeping forms must be maintained for 5 years.

Winger works closely with local regional occupational health services to provide our employees with expert care who will refer them to any specialist(s) if necessary. They also assist Winger with insurance and workers' compensation claims. For these reasons, it is very important for all employees to follow our policies pertaining to workplace injuries.

THE FOLLOWING STEPS SHOULD BE FOLLOWED FOR WORKPLACE INJURIES WHEN AN INDIVIDUAL NEEDS MEDICAL TREATMENT

- ✚ Injuries must be ascertained as to the seriousness of the situation. If the injury is determined to be an emergency, steps must be taken to ensure the employee receives prompt medical attention. All incidents will be investigated to the appropriate level with regards to incident severity.
- ✚ All injuries, no matter how minor, must be reported immediately to your foreman or supervisor. The foreman/supervisor or member from the safety team will then notify Jerelyn Merrill, Safety Director, (641-777-5717) immediately of the accident for review, comments, and follow-up activities.

- ✚ For injuries that take place at a customer facility, notification shall be made to the appropriate designated customer representative according to their Emergency Action Plan policy. For non-life threatening injuries, no employee is to leave the site without customer notification. Some customers have their own first responders or staff nurse that needs to evaluate the employee before allowed to leave their premises. Our customers have legal obligations to contractors working on site as we have to providing medical attention to our employees.
- ✚ If an injured employee needs to be taken to Occupational Health Services for medical treatment other than an ambulance, they shall be transported by another Winger employee. The Safety Director or the employee's supervisor will call Occupational Health Services and let them know of the employee's pending arrival and relay any injury information they have.
- ✚ A Winger' "First Report of Occupational of Injury or Illness Form", required incident, insurance and medical forms must be completed, emailed or delivered to the Safety Director, Jerelyn Merrill (jerelyn@Wingercompanies.com) within 24 hours of notification of injury. Forms are located at the Winger main office, established jobsites and foreman three-ring binders.
- ✚ OSHA Reporting: All work-related fatalities must be reported to OSHA within 8 hours of finding out about them. All recordable illnesses or injuries must be recorded on the OSHA 300 Log within seven calendar days of receiving information that the injury occurred. Employers only have to report fatalities that occurred within 30 days of a work-related incident. For any inpatient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of learning about it. Employers only have to report an inpatient hospitalization, amputation or loss of an eye that occurs within 24 hours of a work-related incident. Incidents must be reported within 24 hours to the host facility/client. The OSHA 300A Summary will be signed by a company official and the annual OSHA 300A summary must be posted in a place visible to employees in addition to posting the summary from February 1st through April 30th.
- ✚ A Winger employee shall NOT go to their own doctor for any workplace injury. Failure to follow the steps and rules regarding medical treatment may result in employee disciplinary action, including discharge.
- ✚ Charges incurred for first aid treatment, prescription drugs, doctor's charges, etc., are covered, and provided that the employee follows the proper reporting procedures and that Winger has determined the injury is work related in nature.
- ✚ Payment for lost time injuries will be pursuant to Iowa Workman's Compensation Laws.

EMPLOYEE INJURY PROCEDURES

- ✚ If necessary, depending on the injury, the injured employee will be taken to nearest local Occupational Health facility. If one is not available, employee will be taken to nearest medical facility, i.e. emergency room. This is on a case by case basis. Every injury is different.
- ✚ Immediately notify the Safety Director that employee is being transported to medical facility for review.
- ✚ Permission must be granted from the Winger employee to Winger escort to enter the medical treatment room with them. Always have a witness to that conversation.
- ✚ Under no circumstances is anyone else authorized to enter the room with the Winger employee, Winger escort or treating medical staff, i.e. customer representatives. This is a violation of the HIPPA federal regulation. If a customer is present, they need to wait outside in the waiting room and be updated on the employee condition and available for case management consultation. Permission must be received from the injured employee that their medical information will be shared with the host facility if required.
- ✚ If the employee refuses to let the Winger escort enter the treatment room, they can remain in the waiting room for consultation. Since the injury would be work related, Winger has the right to be consulted by the physician before treatment is rendered. If treatment is rendered that is questionable, a second opinion may be requested.
- ✚ Our primary goal is that the injured employee received the medical treatment they are entitled to. Case management can be a huge factor to prevent a first aid from becoming an unnecessary OSHA recordable. Because of legalities medical treatment staff typically over medicate or over extend restricted work days to

reduce their own potential liability. However, we have customers that require that we use case management as a prevention to reduce injury statistics in order to work at their facilities. 93% of all OSHA recordable injuries can be reduced to First Aid injuries with the prompt treatment and proper case management. This is a complex procedure as we need to make sure our employee receives proper medical treatment. All employees are encouraged to report any injury, no matter how small, to their supervisor and Safety Director for prompt treatment. Immediately reporting a foreign object in an eye can often times reduce the need for medical treatment by an Ophthalmologist. Burns are also encouraged to be reported immediately for proper first aid treatment to reduce the risk of infection. Sprains and strains can be iced and OTC Ibuprofen taken before swelling starts.

- ✚ Depending on the injury, the employee may return to work that same day or return to work the following day. For instance, if the employee has a cut that needs stitches they could return that same day. If an employee has a sprained ankle, I would recommend that they go home for the rest of the day for rest, elevate their foot and complete any required paperwork the following morning when they return to work.
- ✚ If follow up visits are required, the injured employee will be escorted by a designated Winger employee for treatment. In some cases, the employee will be able to attend the follow-up visit themselves. This follow-up treatment must be completed and all paperwork turned into the Safety Director for the case file. The file is not closed until the medical treatment facility has returned the employee to full work status with no further visits required.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

This notice describes how medical information about an employee that may be used and disclosed and how the employee can get access to this information.

We are required by law to:

- ✚ Maintain the privacy of your medical information,
- ✚ Give you notice describing our legal duties and privacy practices, and
- ✚ Follow the terms of this notice.

How we may use and disclose medical information about an employee:

- ✚ We will use your medical information for Treatment.
- ✚ We will use your medical information for Payment.
- ✚ We will use your medical information for Health Care Operations (i.e. Workers Compensation Claims).

For any questions, contact your Human Resources/Safety Director.

TRANSITIONAL RETURN TO WORK POLICY

The goal of our Transitional Return to Work Policy is to assist individuals with “work related injuries and/or illnesses” that result in temporary medical restrictions that prevent the employee from performing.

If the employee is placed under medical restrictions by a qualified medical practitioner, Winger will make every effort to modify the employee’s work to accommodate those restrictions on a temporary basis. It is the employee’s responsibility to work safely. An employee will not be placed into a transitional or regular position if such an assignment would place the employee or others in danger. Should the employee choose to not accept the work made available, with the restrictions listed, the employee will be sent home and pay will be discontinued.

The employee may accept or reject the bona fide offer of employment. If the employee is unable to return to full duty by the end of the assignment period and/or by the end of the employee’s approved leave period, then the employee’s

continued employment with Winger shall be considered based upon the business necessity of filling the employee's position. Nothing in this policy shall be construed as requiring an institution to retain an employee who is not able to return to work following a workplace injury, and such decisions regarding continued employment will be the sole discretion of management with appropriate consideration and attention given to relevant laws.

The duration of the modified duty will be determined by the medical practitioner until the employee is released to full duty. Each situation will be evaluated on a case by case basis but will not normally exceed ninety (90) days. If it is determined that the employee has long-term restrictions that result in the inability to perform the essential functions of the regular position, the provisions of the Americans with Disabilities Act (ADA) and other applicable laws will be evaluated to determine suitability for employment.

WORKERS' COMPENSATION/RETURN-TO-WORK COMPLIANCE

It is a violation of the Return To Work Policy, procedures, and state and federal law to discharge or in any other manner discriminate against an employee because he or she:

- ✚ Files a Workers' Compensation claim in good faith;
- ✚ Hires a lawyer to represent his or her interests in a Workers' Compensation claim; and/or
- ✚ Institutes or causes to be instituted in good faith a proceeding with the Georgia State Board of Workers' Compensation.

RETURN TO WORK POLICY—NON-WORK ILLNESS OR INJURY

Employees who have been out of work for three (3) days or more as the result of an illness or a non-work injury are required to provide a doctor's written verification and release to work, indicating the employee is suitable for work. In the event the Company does not feel the verification or release is sufficient, the company reserves the right to require the employee to be examined by a company doctor prior to commencing work.

INJURY / NEAR MISS / PROPERTY INVESTIGATION

Investigate any injury, near miss, or property damage incident. The sole purpose of an incident investigation is to identify the casual factors that directly or indirectly were responsible for the incident in question. At no time should this procedure or any investigation resulting from its implementation be used for any purpose other than to attempt to find the cause or causes of an injury, near miss or property damage.

The following general guidelines should be followed when faced with a situation requiring an incident investigation.

1. Ensure that any injured employee has received the proper medical attention has been provided.
2. Secure the area where the injury occurred and preserve the work area as it is.
3. Notify the Safety Director immediately in the case of serious or multiple injuries or illnesses. The Safety Director will then notify the appropriate agencies, i.e. Workman's Comp, etc.
4. Begin the incident investigation as soon as possible after notification. An examination of the facts surrounding the accident will be made in an effort to prevent recurrence of the incident. The affected employee's immediate supervisor/foremen and safety director shall conduct the incident investigation.
5. The proper equipment will be made available for investigation, and may include: Investigation forms, interview forms, barricade markers/tape, warning tags or padlocks, camera or video recorder, voice recorder, measuring tape, flashlight, and sample containers.

6. Interview any witnesses or potential witnesses. Interviewing injured workers and witnesses necessitates reducing their possible fear and anxiety, and developing a good rapport. Interviews should follow these steps:
 - ✚ State the purpose of the investigation and interview is to do fact-finding, not fault-finding.
 - ✚ Ask the individual to recount their version of what happened without interrupting. Take notes or record their response.
 - ✚ Ask clarifying questions to fill in missing information.
 - ✚ Reflect back to the interviewee the factual information obtained. Correct any inconsistencies.
 - ✚ Ask the individual what they think could have prevented the incident, focusing on the conditions and events preceding the injury.
7. Do not disturb the accident site until an adequate review has been conducted.
8. Take photographs (where allowed), to document as much of the accident scene as possible.
9. Consider all aspects of the injury/illness. In many cases, accidents have multiple causes.
10. Complete the applicable incident investigation report on the same shift the incident occurs. If it is not possible to complete the report on the same shift, it should be completed no later than 24 hours after the incident.
11. A Root Cause Analysis (RCA) shall be completed for all OSHA recordable or lost time accidents. This in no way is to place blame on an individual but to look at ways to prevent the incident from happening again. This could be by removing barriers, provide proper tools, or training, etc.
12. At this point, once you've gathered information and interviewed the involved worker and any witnesses, you can prepare the investigation report itself and formulate corrective actions. Each corrective action should have a person assigned ultimate responsibility for the action, a completion date set and a place to mark completion of the item.
13. Forward completed Incident Investigation Report Forms to the Safety Director for review and follow-up. Incomplete reports may be returned to the supervisor/foreman for completion. Incident Investigation Reports will then be submitted to customer upon request.
14. After incident the investigators must complete the following with the involvement of the Safety Director:
 - ✚ Implement corrective actions.
 - ✚ Track completion of corrective actions.
 - ✚ Share information with others to prevent a reoccurrence.
 - ✚ Critique process for similar operations for continuous improvement.

MEDICAL CARE PROVIDERS

Our desire is that each employee receives prompt medical treatment when necessary. Our chosen medical care facilities provide industries and businesses with several occupational health services. We utilize the following Occupational Health Service Providers for workplace injuries and services at our permanent job sites:

EDDYVILLE, IOWA AREA:

EDDYVILLE CLINIC
107 North 3rd Street
Eddyville, IA 52553
(641) 969-5212

OTTUMWA, IOWA AREA:

OTTUMWA REGIONAL HEALTH CARE, OCCUPATIONAL HEALTH DIVISION
1111 North Quincy, Suite 105
Ottumwa, IA 52501
(641) 684-2466
Monday – Friday 8:00 am – 4:30 pm
Closed on weekends and holidays



After Hours On-the-Job Injuries Will Be Seen at the ORHC Emergency Room

OTTUMWA REGIONAL HEALTH CENTER EMERGENCY ROOM
(24 Hour Emergency Service - 911)
1001 East Pennsylvania Avenue
Ottumwa, Iowa 52501
(641) 682-7511 (641) 682-8585 (Outside of the Ottumwa Area)

OTTUMWA CLINICS
1005 East Pennsylvania Avenue
Ottumwa, Iowa 52501
Internal Medicine (641) 682-4594

HEARTLAND EYE CARE
1005 East Pennsylvania Avenue
Ottumwa, Iowa 52501
(641) 682-8571

OTTUMWA CHIROPRACTIC CLINIC
297 Richmond Av
Ottumwa, IA 52501
(641) 682-8301
Hours of Operation:
Monday through Thursday 8:00 AM – 8:00 PM
Friday 8:00 AM – 5:00 PM
Saturday 8:00 AM – 4:00 PM
Sunday Closed

BLAIR, NEBRASKA DIVISION:

MEMORIAL COMMUNITY HOSPITAL & HEALTH SYSTEM
Occupational Health Services
810 N. 22nd St.
Blair, NE 68008
(402) 426-1291

MEMORIAL COMMUNITY HOSPITAL EMERGENCY ROOM
(24 Hour Emergency Service - 911)
810 North 22nd Street
Blair, NE 68008
(402) 426-1159

Ft. DODGE, IOWA:

TRINITY CORPORATE HEALTH SERVICES
Occupational Medicine
2520 9th Avenue South
Ft Dodge, IA 50101
(515) 574-6810

Regional Health Center
802 Kenyon Road
Ft. Dodge, IA 50501

(515) 573-3101

SE IOWA DIVISION:

FT MADISON COMMUNITY HOSPITAL ANNEX

5445 Avenue O

Ft. Madison, IA 52627

Occupational Health Medicine

(319) 372-6530

7:00 a.m. to 4:30 p.m.

After Hours, On-the-Job Injuries Will Be Seen at the FMCH Emergency Room

Other health care providers will be determined as our company expands. These occupational health centers will be posted at each job site.

MEDICAL RECORDS

- ✚ "Employee medical record" means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician.
- ✚ Medical records must be retained for the duration of employment plus 30 years. Employee exposure records must be retained for 30 years.
- ✚ Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained.
- ✚ Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs.
- ✚ Access to records must be provided in a reasonable time, place, and manner. If access to records cannot reasonably be provided within fifteen (15) working days, the employer shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.
- ✚ Whenever an employee or designated representative requests a copy of a record, that record must be provided at no cost.
- ✚ Whenever access is requested to an analysis which reports the contents of employee medical records by either direct identifier (name, address, social security number, payroll number, etc.) or by information which could reasonably be used under the circumstances indirectly to identify specific employees (exact age, height, weight, race, sex, date of initial employment, job title, etc.), personal identifiers must be removed before access is provided.
- ✚ Upon an employee's first entering into employment, and at least annually thereafter, information must be given to current employees of the existence, location, availability and the person responsible for maintaining and providing access to records and each employee's rights of access to these records.
- ✚ Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. Whenever an employer either is ceasing to do business and there is no successor employer to receive and maintain the records, or intends to dispose of any records required to be preserved for at least thirty (30) years, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.



SOURCE CREDITS

U.S. Department of Labor, Occupational Safety and Health Administration, www.osha.gov
Mechanical Contractors Association of America, www.mcaa.org
How To Conduct An Incident Investigation, Alliance an OSHA Cooperative Program, 2014,
<http://www.nsc.org/JSEWorkplaceDocuments/How-To-Conduct-An-Incident-Investigation.PDF>

DOCUMENT CONTROL

Revised July 19, 2005
Reviewed December 20, 2005
Revised March 27, 2006
Revised July 30, 2007
Revised January 16, 2012
Revised October 1, 2012
Revised May 8, 2013
Revised April 8, 2015
Revised August 6, 2015
Revised September 30, 2016
Revised October 19, 2016
Revised September 13, 2017
Revised October 3, 2018
Revised February 3, 2020



Iowa Workers' Compensation – FIRST REPORT OF INJURY OR ILLNESS				Jurisdiction Code		Jurisdiction Claim Number	
CLAIM ADMIN	Claim Administrator Name		Claim Representative Business Phone Number		Insurer Name (if different than jurisdiction):		
	Mailing Address, City, State, & Postal Code		Claim Administrator Claim Number		Insurer FEIN		
			Claim Administrator FEIN		Claim Type Code		
EMPLOYER	Employer Name		Employer FEIN		Insured Report Number		Employer Type Code
	Physical Address, City, State, & Postal Code		Mailing Address, City, State, & Postal Code		Industry Code		<input type="checkbox"/> Employer (E) <input type="checkbox"/> Lessor (L)
	Nature of Business		Employer Contact Name and Business Phone Number		Insured Location Number		Employer ID Number
POLICY	Insured Name (owner company if different than employer)	Insured FEIN	Insured Postal Code	Policy/Contract Number	Coverage Effective Date	Self Insurance License/Certificate Number	
					Coverage Termination Date		
EMPLOYEE	Employee Name (first, middle, last & suffix)		Date of Birth	Gender	Tax Filing Status (check one)		
	Mailing Address, City, State, & Postal Code		Date of Hire	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	<input type="checkbox"/> Single (A) <input type="checkbox"/> Single Head of Household (H)	<input type="checkbox"/> Married/Filing Joint (J) <input type="checkbox"/> Married/Filing Separately (S)	
	Phone Number (business use)		Employment Status (check one)	Employee ID Number (check one)	Marital Status (check one)		
	Occupation Description		<input type="checkbox"/> Piece Worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Apprenticeship/Full-Time <input type="checkbox"/> Apprenticeship/Part-Time <input type="checkbox"/> Regular Employee/Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other	IC#	<input type="checkbox"/> Unmarried (U) <input type="checkbox"/> Married (M) <input type="checkbox"/> Separated (S)	Employer's Authorization to Release the Following:	
	Manual Classification Code			Social Security Number	<input type="checkbox"/> Green Card	Medical Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Department Where Regularly Worked			Employment VISA Number	Passport Number	Social Security Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAGE	Average Wage \$ (check one)		Salary Continued in Lieu of Compensation		Employee Number of Dependents		
	<input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> bi-weekly	<input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> weekly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Number of Exemptions (check one)		
Number of Days Regularly Worked Per Week		Discouraged Forge Benefit \$		<input type="checkbox"/> Entitled <input type="checkbox"/> Withholding			
ACCIDENT/INJURY	Date of Injury		Describe the nature of the injury (ex: amputation, burn, cut, fracture)				
	Date Employer Had Knowledge of the Injury						
	Date Claim Administrator Had Knowledge of the Injury						
	Initial Date Last Day Worked		Part(s) of body directly affected by the injury or illness (ex: hand, arm, circulatory system)				
	Initial Return to Work Date (if applicable)						
	Employee Date of Death (if applicable)						
	Time of Injury		Describe the events that caused the injury (ex: fell, operating machinery, chemical exposure)				
	Time Employee Began Work		Name the object or substance that directly injured the employee (ex: ladder, floor, scold, oil)				
Pre-Existing Disability Code		Specify activity the employee was engaged in when the event occurred (ex: cutting metal plate for flooring). Indicate if activity was part of normal duties					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Accident Premise Code		Witness Name & Business Phone Number					
<input type="checkbox"/> Employer (E) <input type="checkbox"/> Lessee (L) <input type="checkbox"/> Other (O)							
Accident Site Organization Name							
Accident Site Street, City, State, & Postal Code							
Accident Location Narrative (if known address)							
Accident Site County/Parish							
MEDICAL	Initial Treatment Code (check one)		Initial Medical Provider Name		Managed Care Organization Name or ID Number		
	<input type="checkbox"/> no medical treatment (1) <input type="checkbox"/> minor first-aid treatment (1) <input type="checkbox"/> clinic/hospital visit (2) <input type="checkbox"/> emergency care (3) <input type="checkbox"/> hospitalization > 24 hours (4) <input type="checkbox"/> future medical treatment/lost time anticipated (5)		Initial Medical Provider (Physical Address, City, State, & Postal Code)		ICD Primary Diagnostic Code (if known)		
Preparer's Name & Title		Preparer's Company Name		Phone Number	Date		



PLUMBING SHEETMETAL PROCESS PIPING SERVICE AND MAINTENANCE
FIRE SPRINKLERS SYSTEMS MILLWRIGHT ELECTRICAL DATA TECHNOLOGY

Winger Incident / Near Miss Reporting Form

_____ Medical Aid _____ First Aid Only _____ Property Damage _____ Near Miss

Critical Task Y / N Insurance Notified Y / N

Plant Location: _____

Time of Incident: _____ AM / PM Date of Incident: _____ Date Reported: _____

Location of Incident: _____ Project: _____

Employee Name: _____ Occupation: _____ Sex: M / F Age: _____

Length of Employment: _____ Shift _____ 1st _____ 2nd _____ 3rd Overtime: _____ Yes _____ No

Date injury became medical aid: _____ Company Premises: _____ Yes _____ No

Date of previous incidents: _____

Property Damaged: _____ Area: _____

Lost Production & Estimated Value: _____

DESCRIPTION Describe events leading to incident (if more room is needed, please us another piece of paper) :

November 2012

Page 1 of 2

P. O. Box 637 918 Hayne Street Ottumwa, IA 52501-0637 Telephone (641) 682-3407 Fax (641) 682-2421
WWW.WINGERMECHANICAL.COM

IMMEDIATE CAUSES examples:

Acts or Practices: Failure to use PPE, Failure to Secure, Failure to Warn, Horse play, Improper lifting, Improper loading or placement, Operating at improper speed, Operating without authority, Servicing equipment in motion, Taking an improper position, Using defective equipment, Using Equipment improperly

Conditions: Congestion, Fire or Explosion hazard, Guards or Protection, Housekeeping, Illumination, Ventilation, Noise Exposure, Tools, equipment, substances, Warning systems, Weather conditions.



PLUMBING SHEETMETAL PROCESS PIPING SERVICE AND MAINTENANCE
 FIRE SPRINKLERS SYSTEMS MILLWRIGHT ELECTRICAL DATA TECHNOLOGY

BASIC CAUSES examples:

Personal Factors: Knowledge, Mental/psychological capabilities, Mental/ psychological stress, Motivation, Physical capabilities, Physical stress, Skill.

Job Factors: Abuse or misuse, Engineering/Design, Leadership/supervision, maintenance, Tools/Equipment, Wear and Tear, Work Standards

Should Written Procedure be: Reviewed Revised Required
 Severity Probability: Major Serious Not Serious
 Recurrence Probability: Frequent Occasional Rare

Prevention: (Temporary fix:) What immediate corrective action has been taken to prevent recurrence?

Permanent Fix: What corrective action has been taken or will be taken to eliminate the basic causes?

Preventative Actions:

Action:	Responsible Parties:	Date completed by:

Drug/Alcohol Test Given: Yes N/A

Investigated By: _____ Date Investigation Completed: _____
 Reviewed By: _____ Date Reviewed: _____

Reviewers Comments: _____

