



PLUMBING

SHEETMETAL

PROCESS PIPING

SERVICE AND MAINTENANCE

FIRE SPRINKLERS SYSTEMS

MILLWRIGHT

ELECTRICAL

DATA TECHNOLOGY

INJURED EMPLOYEE SECTION:

Was the Employee Injured? ____ Yes ____ No (move on to next page)

Does family need to be notified: ____ Yes ____ N/A

Regular Employee: ____ Full Time ____ Part Time

Marital Status: ____ Unmarried ____ Married ____ Separated

Full Wages Paid for Date of Incident or Injury: ____ Yes ____ N/A

Normal Hours/Days Worked Per Week: (40 hrs Mon-Fri, 40 hrs Mon-Thu, etc.) _____

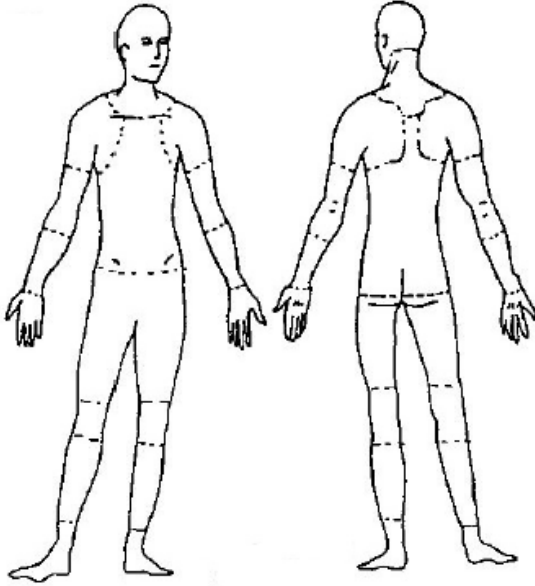
Tax Filing Status: ____ Single ____ Single/Head of Household ____ Married/Filing Joint ____ Married/Filing Separate

Educational Level: ____ GED ____ Graduated HS ____ College ____ Yrs

Employee' Authorization to Release Medical Records to Insurance? ____ Yes ____ No

OSHA Log Updated or OSHA Notification Required? ____ Yes ____ N/A (800-321-6742)

What part of the body was injured (state left or right arm, leg, etc.) / Check nature of the injury:

<p>Part of body affected: (shade all that apply)</p> 	<p>Nature of injury: (most serious one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____
---	--

Name the object that directly injured the employee:

Was he driven to a clinic by a Winger employee?



PLUMBING

SHEETMETAL

PROCESS PIPING

SERVICE AND MAINTENANCE

FIRE SPRINKLERS SYSTEMS

MILLWRIGHT

ELECTRICAL

DATA TECHNOLOGY

DESCRIPTION: In detail describe the incident, step by step and answer these questions; Who, What, When, How, Why? What was the job task, who was working, what the affected employee was doing just before, was there anyone else involved, PPE worn, any weather factors: (If necessary, continue on the back or another piece of paper)

ROOT CAUSE: Why it happened? What could have been done differently? Was the employee in Skill, Rule, or Knowledge Based mode? What were the error traps?

PREVENTION / LESSONS LEARNED: What can we do different in the future to prevent this from happening again?

ACTION ITEMS:

RESPONSIBLE PERSON:

DUE DATE:

Review incident with ALL Winger employees

:

Lee Johns, Safety Director

INCIDENT RESPONSE TEAM:

Investigated by: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

Employee Signature: _____ Date: _____