

PLUMBING SHEETMETAL

SERVICE AND MAINTENANCE

FIRE SPRINKLERS SYSTEMS

MILLWRIGHT

ELECTRICAL

DATA TECHNOLOGY

WINGER INCIDENT / NEAR MISS REPORTING FORM

		Property Damage		
First Aid	Medical Aid	OSHA Reco	rdable	LOST TIME
Date of Incident:	Day of Week: (Plea	se Circle) Sun Mo	on Tue Wed	Thu Fri Sat
Time of Incident:AM/PM	Time Shift Started:	AM/PM	Overtim	e: Yes No
Date Reported:	Safety Director Not	tified? Yes No		
If Date Is Different, Reason Report	Delayed:			
Location of Incident/Customer Na	me:			
County/City/State/Zip:				
Project Name:				
Manager/Supervisor:		Foreman:		
Employee Full Printed Name:				
	First	Middle		Last
Street Address	Cit		State	Zip
Phone Number:				
Occupation:				
Start Date:				ge Hourly Salary
Property Damaged:				
Lost Production / Estimated Value				
Date of Previous Incidents for this				
Drug/Alcohol Test Taken: Ye				attach)
Mobile Equipment Pre-Use Checkl	st Permits Completed?	Yes N/A (Please at	tach)	
Permits Completed? Yes	N/A (Please attach if possib	ole)		
Were Photos Taken if Allowed?	Yes No (Please att	ach) Did an EA	AP take place?	Yes N/A
If this was a vehicle accident, was	there a Police Report filed?_	Yes N/A		
Did you fill out an Iowa DOT Accide	ent Form? Yes N	No (Please attach)		
Insurance Notified Yes	_ N/A			
Witness Printed Name:		Witness	Phone Number: _	
Witness Statement:				



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Educational Level: ___GED ___Graduated HS ___College ___ Yrs

PROCESS PIPING

SERVICE AND MAINTENANCE

(800-321-6742)

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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

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

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

OSHA Log Updated or OSHA Notification Required? _____ Yes ____ N/A

Part of body affected: (shade all that apply)	Nature of injury: (most	
	serious one)	
(- d	☐ Abrasion, scrapes	
	☐ Amputation	
(.71.)	☐ Broken bone	
1 1x x1 1x x1	☐ Bruise	
	☐ Burn (heat)	
	☐ Burn (chemical)	
	☐ Concussion (to the head)☐ Crushing Injury	
May 1 May Car () 400		
	☐ Cut, laceration, puncture	
	☐ Hernia	
	☐ Illness	
	☐ Sprain, strain	
I II H II H	☐ Damage to a body system:	
21 6	□ Other	

Name the object that directly injured the employee:

Was he driven to a clinic by a Winger employee?



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DESCRIPTION: In detail describe the incident, step was the job task, who was working, what the affected		
was the job task, who was working, what the affected worn, any weather factors: (If necessary, continue on		anyone eise involved, PPE
ROOT CAUSE: Why it happened? What could have Based mode? What were the error traps?	been done differently? Was the employee in	Skill, Rule, or Knowledge
PREVENTION / LESSONS LEARNED: What can	we do different in the future to prevent this f	rom hannening again?
THEVERTION / LESSONS LEARNED. What can	we do different in the fature to prevent this i	Tom nappening again:
ACTION ITEMS:	RESPONSIBLE PERSON:	DUE DATE:
Review incident with ALL Winger employees	: Lee Johns, Safety Director	
INCIDENT RESPONSE TEAM:		
Investigated by:	D	ate:
Investigated by:	D	ate:
Reviewed by:	Da	ate:
Employee Signature:	г)ate: