**Winger Incident / Near Miss Reporting Form**

**\_\_\_\_\_ Near Miss \_\_\_\_\_ Property Damage**

**\_\_\_\_\_ First Aid \_\_\_\_\_ Medical Aid \_\_\_\_\_ OSHA Recordable \_\_\_\_\_ LOST TIME**

**Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of Week: (Please Circle) Sun Mon Tue Wed Thu Fri Sat**

**Time of Incident: \_\_\_\_\_\_\_AM/PM Time Shift Started: \_\_\_\_\_\_\_\_\_\_AM/PM Overtime: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Date Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safety Director Notified? \_\_\_\_ Yes \_\_\_\_ No**

**If Date Is Different, Reason Report Delayed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Incident/Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area/Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foreman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Full Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address City State Zip**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location Regularly Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skill Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Age: \_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Wage \_\_ Hourly\_\_ Salary**

**Property Damaged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lost Production / Estimated Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Previous Incidents for this Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug/Alcohol Test Taken: \_\_\_\_\_ Yes \_\_\_\_\_ N/A PJHA for job completed?** **\_\_\_\_ Yes \_\_\_\_ No (Please attach)**

**Mobile Equipment Pre-Use Checklist Permits Completed? \_\_\_\_ Yes \_\_\_\_ N/A (Please attach)**

**Permits Completed? \_\_\_\_ Yes \_\_\_\_ N/A (Please attach if possible)**

**Were Photos Taken if Allowed? \_\_\_\_\_ Yes\_\_\_\_\_ No (Please attach) Did an EAP 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 Accident Form? \_\_\_\_\_ Yes\_\_\_\_\_ No (Please attach)**

**Insurance Notified \_\_\_\_\_ Yes \_\_\_\_\_ N/A**

**Witness Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Statement:**

**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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

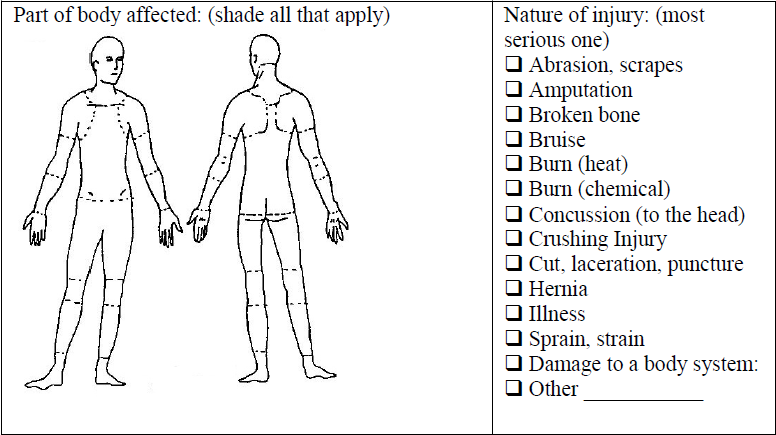
**Tax Filing Status: \_\_\_\_Single \_\_\_\_ Single/Head of Household \_\_\_\_Married/Filing Joint \_\_\_\_Married/Filing Separate**

**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:**

****

**Name the object that directly injured the employee:**

**Was he driven to a clinic by a Winger employee?**

**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 Jerelyn Merrill, Safety Director

**Incident Response Team:**

Investigated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_