



YUBA COMMUNITY COLLEGE DISTRICT

Injury and Illness Prevention Program

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Scope

The Injury and Illness Prevention Program (IIPP) is designed to allow for effective management of safety in the workplace and to ensure safe and healthy working conditions for all employees.

Purpose and Authority

The District has developed this Injury and Illness Prevention Program (IIPP) in accordance with California Code of Regulations Title 8, Section 3203 ([California Code of Regulations, Title 8, Section 3203. Injury and Illness Prevention Program.](#)) and Section 6401.7 of the California Labor Code.

The YCCD Injury and Illness Prevention Program applies to all campuses and centers within the Yuba Community College District and is intended to provide employees with a safer working environment and reduce the severity and frequency of occupational illness and injury.

Authority and Responsible Parties

The following individuals hold the authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention Program (IIPP):

1. Responsible Authority: Vice Chancellor of Administrative Services
 - Overall authority over IIPP
2. District Safety Coordinator: Director of Safety and Risk Management
 - Manages overall safety program compliance.
 - Attends the District and College Safety Committees to ensure follow-through on reported safety hazards and provide progress reports on mitigation.
 - Communicates with the Safety Coordinators as assigned by College Presidents.
3. District Inspection Coordinator: Director of Maintenance and Operations
 - Responsible for the workplace safety inspection program in communication with the designated Inspectors (Maintenance and Operations or contractors).
4. District Training Coordinator: Associate Vice Chancellor of Human Resources
 - Maintains safety training compliance records for all employees.

5. Supervisors/Managers

- Supervisors and managers are responsible for implementing and maintaining the IIPP in their areas of responsibility and for answering employee questions about the program.

6. Employees

- All employees must fulfill certain responsibilities to ensure the success of the IIPP. Each employee should act in a manner which protects their health and welfare as well as that of co-workers, other employees, visitors, students and the public.

7. College Safety Committees/Safety Coordinators

The Colleges within the Yuba Community College District have established safety committees. These committees meet monthly and no less than quarterly. The committee's responsibilities include:

1. Prepare, distribute, and maintain written records of the meetings.
2. Review the results of periodic, scheduled workplace inspections.
3. Review investigations of occupational accidents, causes of incidents and submit suggestions to prevent further incidents. Any information or records shared with the committee shall not contain personal identifiers or medical information per subdivision (j) of section 56.05 of the Civil Code.
4. Review reports of hazardous conditions or work practices and assist with remedial actions.
5. Verify abatement action is taken in response to Cal/OSHA citations.

Program Compliance

All employees, including managers and supervisors, are responsible for complying with safe and healthy work practices. The Yuba Community College District's system of ensuring that all workers comply with these practices includes one or more of the following practices:

- Informing employees of the provisions of the IIPP.
- Evaluating the safety performance of all workers.
- Recognition of employees who perform safe and healthy work practices.
- Providing training to workers whose safety performance is deficient.

- Disciplining workers for failure to comply with safe and healthy work practices.

Whenever an employee is recognized for a positive safety attitude, or whenever an employee is disciplined, the supervisor or administrator shall document the action taken.

Employee Safety Related Performance

Performance evaluations may include an assessment of the individual's commitment to and performance of the accident prevention requirements of their position. The following are examples of factors considered when evaluating an employee's safety related performance.

- Adherence to defined safety practices.
- Use of provided safety equipment.
- Reporting unsafe acts, conditions, and equipment.
- Offering suggestions for solutions to safety problems.
- Checking safety of equipment and procedures before starting work.

A statement of non-compliance may be included in performance evaluations if employee neglects to follow proper safety procedures, and documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.

Corrective or Disciplinary Action

Corrective or disciplinary action (consistent with bargaining unit agreements) for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee neglected to follow proper safety procedures. Any action taken will not violate employee rights under Cal/OSHA regulations and will be enforced in a non-discriminatory fashion and in accordance with YCCD policy.

Corrective action includes, but is not limited to, the following:

1. Remedial training
2. Documented warning
3. Warning with reprimand in personnel file
4. Suspension from work with no compensation and record added to personnel file.
5. Discontinue employment with record added to personnel file.

Additional Means of Ensuring Compliance

Compliance will also be achieved in the following manner:

1. The Dean or Administrator (Executive, Campus, or Associate) will set positive examples for working safely and require that all staff under their direction work safely. This includes ensuring that employees are provided with training on specific job duties.
2. The Dean or Administrator (Executive, Campus, or Associate) will ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. The Dean or Administrator (Executive, Campus, or Associate) will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. The Dean or Administrator (Executive, Campus, or Associate) will establish appropriate means of recognition for employees who demonstrate safe work practices.

Systems of Communication

The Yuba Community College District may utilize the following methods to effectively communicate safety matters:

- New employee orientation to include safety and health policies and procedures.
- Monthly Safety Committee Meetings
- Review of the IIPP and safe work practices specific to each department
- Safety Bulletins
- Posted or distributed Safety information (Email, newsletters, employee bulletin board, posters etc.)
- Workplace safety and health training programs (live and online)
- System for employees to anonymously inform management about workplace hazards.

Reporting Hazards

Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. The Unsafe Conditions Form is available to employees for this purpose. Under no

circumstances shall Yuba Community College District allow reprisal for an employee that submits an Unsafe Conditions Form or informs their manager and/or supervisor about workplace hazards.

A copy of the completed Unsafe Conditions Form should be provided to the Inspections Coordinator and Dean or Administrator with oversight into the area in which the hazard is located. The original should then be forwarded to the Safety Coordinator.

Upon receipt of the form, the Inspections Coordinator shall initiate inspection and corrective actions upon receipt of this form. Corrective action will be made available for public viewing upon request.

Reporting Anonymously

Employees who wish to remain anonymous when making a report may place the form in the Director of Maintenance and Operations departmental mailbox located on the second floor of the Yuba College - Sutter County Center inside the District Offices. The form may also be hand delivered, e-mailed, given to office personnel, or mailed.

Employee Access

Employees or their designated representatives have the right to examine and receive a copy of the YCCD Injury and Illness Prevention Program. This right and access to the program will be communicated to employees upon hire and periodically as reviews and updates to the IIPP are completed.

A current version of the IIPP may be accessed electronically for review and printed from the YCCD [Safety and Risk Management](#) web page.

Hazard Identification, Evaluation and Inspection

A workplace inspection program is essential to reduce unsafe conditions that may expose faculty, staff, students, and visitors to incidents that could result in personal injuries or property damage.

It is the responsibility of the designated College Inspectors, Deans, Administrators and Supervisors to ensure that systematic safety inspections are conducted as appropriate:

- College Inspectors shall have responsibility for inspection of reported hazards and retention of inspection records.
- College Deans shall have responsibility for inspection of classrooms/labs within their area.

- Administrators and Supervisors shall have responsibility for inspections of their respective work areas.

Inspection Types

There are two types of inspections:

1. Overall facility inspections.
2. Specific work area inspections.

The overall facility inspection will be performed annually and when:

1. Any new substances, processes, procedures, or equipment are introduced to the workplace that have occupational hazard potential.
2. A previously unrecognized hazard is discovered.
3. An accident or illness occurs.
4. Whenever workplace conditions warrant an inspection.

Specific work area inspection shall take place by each Department periodically, but not less than annually.

All inspections must be documented, and the Inspection Coordinator must maintain a file of this documentation. A sample inspection sheet is included in this IIPP. Once completed the form will be forwarded to Maintenance and Operations. The provided forms are not meant to be all-inclusive. Work conditions will change over time, and so should inspection methods.

Hazard Mitigation

Hazards discovered either because of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard. Furthermore, whenever a hazard poses immediate danger, employees must be protected from injury.

The Inspection Coordinator shall be responsible for ensuring the correction of any hazard and must be notified when a hazard exists and given management support to pursue adequate correction of the hazard.

Whenever a hazard is identified, it shall be assigned to one of two categories:

1. Immediate Danger to Persons or Environment
2. Less Serious Hazards

If an imminent hazard exists, work in the area must cease, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees, all personnel need to leave the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation. In a situation where a hazard poses immediate danger to human health or the environment, the supervisor must coordinate with the assistance of others the following:

1. Notify and evacuate all personnel to a safe area.
2. Notify appropriate authorities.
3. Do not allow employees back to deal with the hazard unless they are afforded proper protection.
4. Take steps to abate the hazard, diminishing further threat to human life or the environment.
5. Clean up and legally dispose of any hazardous substances involved in the incident.
6. Take corrective action to eliminate hazard.
7. Evaluate what happened and the effectiveness of the corrective action.
8. Train affected employees and document actions taken.

Whenever a less serious hazard is identified, the supervisor shall coordinate corrective actions in a timely manner according to the severity of the hazard. For less serious hazards, the following steps must be taken:

1. Identify hazard and determine severity.
2. Remove the employee from workstation if necessary.
3. Mark any machinery or equipment that the hazard is associated with indicating to others that a hazard exists.
4. Determine what corrective action is necessary.
5. Prioritize the corrective action according to severity and with other corrective actions required elsewhere in the facility.
6. Acquire management and budgetary support for corrective action.
7. Implement corrective action.
8. Modify safe work practices and training, as necessary.
9. Train affected employees.
10. Document action taken.
11. Evaluate the effectiveness of the corrective action and document this evaluation.

Specific procedures that can be used to correct hazards include, but are not limited to, the following:

- Tagging unsafe equipment “Do Not Use Until Repaired,” and providing a list of alternatives for employees to use until the equipment is repaired.

- Stopping unsafe work practices and providing retraining on proper procedures before work resumes.
- Reinforcing and explaining the need for proper PPE and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

The Hazard Mitigation Log included in this IIPP should be utilized to prioritize safety deficiencies according to severity, document corrective actions, projected and actual completion dates and follow-up evaluation.

Once the hazard is mitigated a completed copy of the log should be forwarded to the Safety Coordinator.

Accident Investigation

The IIPP Standard requires that employers implement a method of investigating workplace injury or illnesses. The employee's immediate Supervisor will be responsible for conducting the initial accident or incident investigation. The Supervisor and the Safety Committee will conduct a review of the investigations as appropriate.

Employees are responsible to report accidents immediately to their Supervisor. Direct Supervisors will investigate accidents, injuries, occupational illnesses, and near-miss incidents, to identify the causal factors or hazards immediately and document the investigation.

Timely and thorough accident investigation is an integral part of the overall Injury and Illness Prevention Program. The accident report is intended to fact-find not fault-find. The purpose is to determine the primary and contributing causes of the accident so that appropriate action can be taken to prevent recurrence. Any employee conducting an accident investigation should utilize the following guidelines:

1. Visit accident scene as soon as possible.
2. Interview with injured workers and witnesses.
3. Show concern for the employee's injury.
4. Explain why the investigation is necessary.
5. Allow the injured or involved employees to relate their account of the accident.
6. Reiterate a summary of the accident to assure proper and complete understanding of the employee's story.
7. Use tact in resolving any discrepancies in the employee's story.
8. Determine the cause of the accident/exposure.
9. Take corrective action to prevent the accident/exposure from reoccurring.

10. Record the findings and corrective actions taken on the Accident Investigation Form.

In the event of a serious incident, Safety and Risk Management and Maintenance and Operations staff will assist with a follow-up investigation, bringing in outside experts if needed. Appropriate repairs or procedural changes will be implemented promptly to mitigate the noted hazards.

All occupational injuries, illnesses, or exposures to hazardous substances must be reported to Human Resources and the Safety Coordinator within 24 hours after the incident becomes known to the Supervisor. For those injuries that cause loss of a member of the body, permanent disfigurement, or require hospitalization for a period of more than 24 hours, the employee's supervisor or the Safety Coordinator will contact Cal/OSHA within 8 hours.

The Accident Investigation form is included in this IIPP. A copy must be forwarded to Human Resources and the Safety Coordinator.

Employee Training

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices.

Training will occur in the following applications:

1. General campus wide training sessions.
2. Safety meetings prior to the start of work.
3. Individual employee training for specific job tasks.
4. Through Keenan Safe Colleges Online training.

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of immediate Supervisor(s) as applicable to the following criteria:

1. Supervisors are provided with training to become familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.
2. All new employees receive training prior to engaging in responsibilities that pose potential hazard(s).
3. All employees given new job assignments receive training on the hazards of their new responsibilities prior to assuming those responsibilities.
4. Training is provided whenever new substances, processes, procedures or equipment (which represent a new hazard) are introduced to the workplace.
5. Whenever the employer is made aware of a new or previously unrecognized hazard, training is provided.

General workplace safety and health practices include, but are not limited to, the following:

- Provisions for medical services and first aid, including emergency procedures.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
- Proper reporting of hazards and accidents to supervisors.
- Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
- Proper storage, handling and disposal of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can become contaminated.

Training is an on-going process that will focus on specific employee jobs and procedures. The main point to safety training is to prevent unsafe situations, procedures, or acts. Always document any training, regardless of length or importance. Example Training Logs are included with this IIPP and should be completed when safety training is provided. Copies of the completed training logs may be forwarded to Human Resources. The live training courses can be tracked on the Keenan Safe Colleges Online Training Program.

Recordkeeping and Documentation

The standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and other activities relevant to occupational health and safety. The following documents will be maintained within the listed department's IIPP Binder or accessible online folder for at least the length of time indicated below:

1. Maintenance and Operations
 - Safety Inspection Forms, Unsafe Conditions Forms and Hazard Mitigation Logs.
 - Retain for two years.
2. Safety and Risk Management and Board Docs
 - Safety Bulletins and Safety Committee Meeting Minutes and Agendas.
 - Retain two years.

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- Incident/Accident Investigation documents.
 - Retain for two years.

3. Human Resources

- Supervisor's Accident Report/Investigation Forms.
- Employee Safety Training Attendance Records.
 - Retain for the duration of employee's employment.
- Employee Exposure Records, or other required Employee Health and Safety records.
 - Retain for 30 years or for the duration of employee's employment, if greater than 30 years.

Forms Section

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UNSAFE CONDITIONS FORM

This form is used by employees that have identified hazards not previously recognized to bring the hazard to the attention of the management.

Notice is hereby given that the use of this form or other reports of unsafe acts or conditions are protected by law [8 CCR, Section 3203].

It is illegal for the employer to act against an employee for making a report. The employer must investigate the report and explain to employees the action taken and any subsequent actions, as necessary.

DATE:	EMPLOYEE NAME: (OPTIONAL)	
DESCRIPTION OF HAZARD:		
POSSIBLE CAUSES FOR THE HAZARD:		
POSSIBLE WAYS TO CONTROL OR ELIMINATE HAZARD		
SUPERVISOR HAS BEEN NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPERVISOR NAME:		
LOCATION OF HAZARD:		
ANY IMMEDIATE ACTION TAKEN BY EMPLOYEE REPORTING:		
DATE RECEIVED:	RECEIVED BY:	DATE COMPLAINT INSPECTED:
ENTRY NUMBER IN THE HAZARD MITIGATION IMPROVEMENT LOG		
HAZARD CLASSIFICATION:		
PRIORITY NUMBER:		
<i>COPY TO MAINTENANCE AND OPERATIONS & DEAN/ADMINISTRATOR. ORIGINAL TO SAFETY COORDINATOR</i>		

HAZARD ASSESSMENT AND IMPROVEMENT RECORD

This example record can be used to document hazard assessment and improvement. Each hazard is to be categorized by hazard classification. Based on the classification, the hazards shall be prioritized according to severity.

CLASS A HAZARDS: Any condition or practice with potential for causing loss of life or body part and/or extensiveloss of structure, equipment or material.

CLASS B HAZARDS: Any condition or practice with potential for causing serious injury, illness or property damage, but less severe than Class A Hazards.

CLASS C HAZARDS: Any condition or practice with probable potential for causing non-disabling injury or illness, or non-disruptive property damage.

DATE OF INSPECTION:	PERSON CONDUCTING INSPECTION:
UNSAFE CONDITION OR PRACTICE: (PROVIDE DETAILS, INCLUDING ROOT CAUSES)	
HAZARD CLASSIFICATION:	
PERSON RESPONSIBLE FOR CORRECTION:	
DATE TO BE COMPLETED:	ACTUAL COMPLETION DATE:
CORRECTIVE ACTION TAKEN:	
<i>COPY TO INSPECTION COORDINATOR AND SAFETY COORDINATOR</i>	

EMPLOYEE GENERAL SAFETY TRAINING RECORD

TRAINING DATE:	LOCATION:
TRAINER(S) FULL NAME:	
TRAINING TYPE AND SUMMARY:	
EMPLOYEES FULL NAME/DEPARTMENT (PRINT)	SIGNATURE
<i>COPY RETAINED BY DEPARTMENT SUPERVISOR AND COPY TO HUMAN RESOURCES</i>	

EMPLOYEE JOB SPECIFIC SAFETY TRAINING RECORD

TRAINING DATE:	LOCATION:
TRAINER FULL NAME:	
TRAINING TYPE AND SUMMARY:	
UTILIZED THE FOLLOWING:	
<input type="checkbox"/> CODE OF SAFE PRACTICES	<input type="checkbox"/> JOB HAZARD ANALYSIS
<input type="checkbox"/> INSPECTION CHECKLIST	<input type="checkbox"/> MATERIAL SAFETY DATA SHEET
<input type="checkbox"/> ACCIDENT INVESTIGATION	<input type="checkbox"/> OPERATIONS MANUAL
OTHER:	
EMPLOYEE WAS:	
<input type="checkbox"/> TOLD THE UNSAFE, PROCEDURE	<input type="checkbox"/> ABLE TO PRACTICE SAFE METHOD
<input type="checkbox"/> SHOWN PROPER METHOD	<input type="checkbox"/> CORRECTED WHILE PRACTICING
DURING DEMONSTRATION AND PRACTICE:	
<input type="checkbox"/> KEY POINTS WERE HIGHLIGHTED	<input type="checkbox"/> HAZARDS WERE IDENTIFIED
<input type="checkbox"/> ERRORS WERE CORRECTED	<input type="checkbox"/> QUESTIONS AND ANSWERS
THE EMPLOYEE ACKNOWLEDGES:	
<input type="checkbox"/> THE REASON FOR TRAINING	<input type="checkbox"/> UNDERSTANDS TOPIC DISCUSSED
<input type="checkbox"/> TO PRACTICE SAFETY AND MAINTAIN SAFE CONDITIONS IN THE WORKPLACE	
REMARKS:	
EMPLOYEES FULL NAME, DEPARTMENT, JOB CLASS:	SIGNATURE:
<i>COPY RETAINED BY DEPARTMENT SUPERVISOR AND COPY TO HUMAN RESOURCES</i>	

INSPECTION LOG

This example log can be used to record the findings of the facility and work area inspections. Take any immediate steps to correct deficiency or act as required.

<input type="checkbox"/> WORK AREA INSPECTION <input type="checkbox"/> FACILITY INSPECTION	
DATE:	INSPECTED BY:
WORK AREA:	
EQUIPMENT:	
CONDITION:	
REMARKS:	
<input type="checkbox"/> WORK AREA INSPECTION <input type="checkbox"/> FACILITY INSPECTION	
DATE:	INSPECTED BY:
WORK AREA:	
EQUIPMENT:	
CONDITION:	
REMARKS:	
<input type="checkbox"/> WORK AREA INSPECTION <input type="checkbox"/> FACILITY INSPECTION	
DATE:	INSPECTED BY:
WORK AREA:	
EQUIPMENT:	
CONDITION:	
REMARKS:	
<i>COPY RETAINED BY DEPARTMENT SUPERVISOR/COPY TO MAINTENANCE AND OPERATIONS</i>	

ACCIDENT/EXPOSURE INVESTIGATION REPORT

TO BE COMPLETED BY THE SUPERVISOR

CONFIDENTIAL

(This report is confidential for transmission to attorneys for the District and is covered under attorney client privilege)

DATE/TIME OF INCIDENT:		
NAME OF INJURED EMPLOYEE:		
DEPARTMENT	JOB TITLE	DOB:
TIME SUPERVISOR NOTIFIED:	TIME ON SCENE:	TIME OFF SCENE:
WITNESSES:		CONTACT INFO:
SPECIFIC LOCATION: (CAMPUS, BUILDING, GROUNDS ETC.)		
DESCRIBE IN DETAIL THE LOCATION OF INCIDENT TO INCLUDE LIGHTING, WALKING SURFACE, WEATHER, MEASUREMENTS, AND ANY OTHER CONDITION THAT COULD HAVE CONTRIBUTED TO OR PREVENTED THE INCIDENT:		
DESCRIBE INJURIES / ILLNESSES WHICH YOU OBSERVED OR WHICH WERE DESCRIBED TO YOU:		
DESCRIBE DEMEANOR OF PERSON INVOLVED AND INCLUDE STATEMENTS MADE AS "EXCITED UTTERANCES".		

SHOES, CLOTHING, PHYSICAL APPEARANCE OR ANY OTHER CHARACTERISTIC THAT WOULD CONTRIBUTE TO UNDERSTANDING HOW THE INCIDENT OCCURRED:

DESCRIBE HOW THE INCIDENT OCCURRED. STATE FACTS, CONTRIBUTING FACTORS, CITE WITNESSES AND SUPPORT EVIDENCE:

STEPS TAKEN TO PREVENT A SIMILAR INCIDENT:

DID EMPLOYEE SEEK MEDICAL CARE? YES NO

IF YES – NAME OF MEDICAL FACILITY/DOCTOR:

PHOTOS: YES NO PHOTOS: TAKEN BY:

CORRECTIVE ACTIONS TAKEN:

SUPERVISOR'S NAME (PRINT):

SUPERVISOR'S SIGNATURE:

DATE/TIME FORM COMPLETED:

COPY RETAINED BY DEPARTMENT SUPERVISOR/COPY TO HUMAN RESOURCES

SUPERVISOR'S ACCIDENT ANALYSIS

For First Aid or Minor Injury complete all Highlighted areas on this page only. For Injuries that require more than first aid: All items must be completed by Supervisor, via Employee interview.

FACILITY:		Contact Person:	Phone No.:
Employee name:	Date of accident:	Time of accident:	
Employee phone number(s):		Best time(s) to call Employee:	
Occupation:	Employee's Department:		
Length of service with company:		Length of service in this department:	
Department in which accident occurred:	Location where accident occurred:		
Was property damaged at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property owned by:		
Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, IMMEDIATELY interview each witness using the attached "Witness Statement" form		If yes, please list name(s) of witness(es): 1. 2.	
Accident reported to Management (name):	Date reported:	Time reported:	
Who was immediately in charge at the time of injury?			
Name of person(s) conducting this analysis:		Date of analysis:	
Employee's Supervisor (print name):		Supervisor's Phone No.:	

SUPERVISOR'S DESCRIPTION OF ACCIDENT

Supervisor: Interview Employee and then, in your own words, provide a detailed description of what happened.

BODY PART INVOLVED -- Check all that apply. Please circle Right (R) or Left (L)

HEAD INJURY	TRUNK INJURY	UPPER BODY	LOWER BODY
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye R - L <input type="checkbox"/> Nose <input type="checkbox"/> Ear R - L <input type="checkbox"/> Neck <input type="checkbox"/> Skin	<input type="checkbox"/> Shoulder R - L <input type="checkbox"/> Upper Back <input type="checkbox"/> Middle Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Chest <input type="checkbox"/> Ribs R - L <input type="checkbox"/> Abdomen	<input type="checkbox"/> Upper Arm R - L <input type="checkbox"/> Forearm R - L <input type="checkbox"/> Elbow R - L <input type="checkbox"/> Wrist R - L <input type="checkbox"/> Hand R - L <input type="checkbox"/> Finger(s)-identify	<input type="checkbox"/> Hip R - L <input type="checkbox"/> Leg R - L <input type="checkbox"/> Thigh R - L <input type="checkbox"/> Knee R - L <input type="checkbox"/> Calf R - L <input type="checkbox"/> Ankle R - L <input type="checkbox"/> Foot R - L <input type="checkbox"/> Toe(s)-identify
NATURE OF INJURY -- Check all that apply.			
<input type="checkbox"/> Abrasion-Contusion <input type="checkbox"/> Bruise <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Foreign Object	<input type="checkbox"/> Burn-Heat <input type="checkbox"/> Burn-Chemical <input type="checkbox"/> Exposure-Heat/Cold <input type="checkbox"/> Exposure-Chemical	<input type="checkbox"/> Inhalation <input type="checkbox"/> Poisoning <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Skin Problem	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Other (describe)

SUPERVISOR'S ACCIDENT ANALYSIS

CONTRIBUTING FACTORS – Check all that apply.		Describe conditions causing the accident, including events leading up to, and materials/substances involved in the accident:		
<input type="checkbox"/> Lifting/Picking up materials or equipment <input type="checkbox"/> Loading/unloading materials or equipment <input type="checkbox"/> Pushing/Pulling materials or equipment	Describe:			
<input type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Wet surface <input type="checkbox"/> Object(s) left on floor <input type="checkbox"/> Uneven floor surface <input type="checkbox"/> Damaged/Frayed carpet <input type="checkbox"/> Damaged flooring (non-carpet) <input type="checkbox"/> Climbing/Descending stairs/ladder	Describe:			
<input type="checkbox"/> Struck by or against something <input type="checkbox"/> Falling item <input type="checkbox"/> Another person <input type="checkbox"/> Employee hit/bumped into object or person	Describe:			
<input type="checkbox"/> Cut/Puncture <input type="checkbox"/> Knife <input type="checkbox"/> Hand Tool or Machinery <input type="checkbox"/> Other Object:	Describe:			
<input type="checkbox"/> OTHER:	Describe:			
CAUSE – Check all that apply.				
<input type="checkbox"/> Attention-Poor <input type="checkbox"/> Carelessness <input type="checkbox"/> Fatigue <input type="checkbox"/> Body Mechanics (posture) <input type="checkbox"/> Horseplay <input type="checkbox"/> Ventilation-Poor <input type="checkbox"/> Chemicals <input type="checkbox"/> Electrical Exposure	<input type="checkbox"/> Equipment-Broken <input type="checkbox"/> Equipment-Improper Use <input type="checkbox"/> Equipment-Not Available <input type="checkbox"/> Improper Dress/Protection <input type="checkbox"/> Falling Objects <input type="checkbox"/> Flame/Fire/Smoke <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Building/Structure	<input type="checkbox"/> Floor-wet or with food <input type="checkbox"/> Floor-ground uneven <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Furniture/Fixtures <input type="checkbox"/> Hand Tools-Non-Power <input type="checkbox"/> Hand Tools-Power <input type="checkbox"/> Housekeeping-Poor <input type="checkbox"/> Automobile	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input type="checkbox"/> Railings <input type="checkbox"/> Struck By/Against <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Lack of Training <input type="checkbox"/> Other:	
PREVENTION -- List the steps to be (or that have been) taken to prevent a similar occurrence		Responsible Person	Date to be Done	Date Completed
FOLLOW-UP -- Monitoring and Review by Department Manager and/or Safety Committee			Date Reviewed	
RECORD KEEPING – To be completed by Human Resources				
Is this OSHA "Recordable" (OSHA 300 Log)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this OSHA "Reportable"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date that OSHA was notified:		

Supervisor's Signature _____ Date _____

Department Manager's Signature _____ Date _____

HR Signature _____ Date _____

Copy Sent to Safety Committee Chair _____ Date _____