



## CITY OF HAINES CITY ACCIDENT REPORTING FORM

NAME OF INJURED WORKER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

HOURS WORKED PER DAY: \_\_\_\_\_

INJURED WORKER ADDRESS: \_\_\_\_\_

INJURED WORKER TELEPHONE #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE & TIME OF INJURY: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

DID EMPLOYEE RECEIVE FIRST AID ON SITE: YES NO

IF YES, DESCRIBE TREATMENT GIVEN? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS MEDICAL TREATMENT OBTAINED? YES NO

ANY LOSS TIME ANTICIPATED? \_\_\_\_\_

IF YES, LAST DAY WORKED? \_\_\_\_\_

ADDRESS & PHONE NUMBER OF \_\_\_\_\_

MEDICAL FACILITY WHERE TREATED: \_\_\_\_\_

**(EE MUST FOLLOW UP WITH WC CLINIC ON NEXT BUSINESS DAY IF SEEN IN ER)**

MANDATORY DRUG SCREEN CONDUCTED? YES NO

ACTIVITY AT TIME OF INJURY OR OCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

WAS INJURED WORKER ACTING IN REGULAR LINE OF DUTY? (EXPLAIN) \_\_\_\_\_

CITY OF HAINES CITY

# ACCIDENT REPORTING FORM

DESCRIBE INJURY OR PROPERTY DAMAGE: \_\_\_\_\_

WAS A POLICE REPORT FILED?    YES    NO

**(IF YES, ATTACH COPY OR SEND TO HR NEXT BUSINESS DAY)**

ANY SAFETY VIOLATION OR FAULTY EQUIPMENT INVOLVED:    YES    NO

MAJOR CONTRIBUTING CAUSE OF INJURY: \_\_\_\_\_

WHAT BODY PARTS WERE INJURED IN ACCIDENT? (LEFT OR RIGHT) \_\_\_\_\_

IF HAND INJURY, IS THE EMPLOYEE LEFT OR RIGHT HAND DOMINANT?    LEFT    RIGHT

KNOWLEDGE OF ANY PRIOR INJURIES/CONDITIONS:    YES    NO

IS LIGHT DUTY WORK AVAILABLE IF NEEDED:    YES    NO

DOES INJURED WORKER HAVE OTHER EMPLOYMENT?    YES    NO

IF YES, GIVE DETAILS: \_\_\_\_\_

ANY WITNESSES? (LIST NAME & CONTACT INFORMATION) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## UNSAFE ACT AND/OR CONDITIONS

- |  |                                    |
|--|------------------------------------|
| OPERATING WITHOUT AUTHORITY  | UNSAFE LOADING, PLACING, ETC.      |
| OPERATING OR WORKING AT UNSAFE SPEED   | TAKING UNSAFE POSITION OR POSTURE  |
| MAKING SAFETY DEVICES INOPERATIVE  | WORKING ON MOVING EQUIPMENT        |
| DISTRACTING, TEASING, ABUSING, STARTLING,<br>HORSEPLAY ETC.                          | FAILURE TO USE PPE                 |
| USING UNSAFE EQUIPMENT, HANDS<br>INSTEAD OF EQUIPMENT OR USING<br>EQUIPMENT UNSAFELY | LACK OF TRAINING                   |
| IMPROPER GUARDING  | IMPROPER LIGHTING                  |
| DEFECTIVE SUBSTANCES OR EQUIPMENT  | IMPROPER VENTILATION               |
| HAZARDOUS ARRANGEMENT  | POOR ROAD OR VISIBILITY CONDITIONS |
| IMPROPER DRESS OR APPAREL  |                                    |
| DEFECTIVE: BRAKES    MOTOR    LIGHTS    WIPERS    STEERING    WHEELS OR RIMS         |                                    |
| NO UNSAFE CONDITIONS   |                                    |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## STEPS TAKEN TO PREVENT RECURRENCE

- |                      |                 |                    |
|----------------------|-----------------|--------------------|
| INSTRUCTED EMPLOYEE  | WARNED EMPLOYEE | SUPPLIED SAFEGUARD |
| ELIMINATED CONDITION | GUARDED MACHINE | REPAIRED CONDITION |

REPORTED CONDITION TO: \_\_\_\_\_

OTHER ACTIONS TAKEN: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE/PRINT NAME

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE/PRINT NAME