

City of Klamath Falls
SUPERVISOR'S ACCIDENT or "NEAR-MISS" INVESTIGATION REPORT
 (All incidents must be reported *regardless* of whether the employee received medical attention)

WHAT type of incident was it? (Check all that apply) Accident Employee Injury Near-Miss

WHO was involved in the accident, injury or near-miss?

Name: _____ Date Reported: _____

Department/Division: _____ Job Title: _____

Witnesses: _____

WHAT happened? (This section must be completed in detail; add additional pages if necessary)

WHEN did accident occur (date/time)? _____

WHERE - Location? _____

Machine/Equipment: _____
 (Give full description of machine/equipment including ID# &/ or license plate)

Was there Property Damage? YES NO If yes, explain below. (Insurance claims must be filed with the City Attorney)

INFORMATION REGARDING INJURY (if applicable)

Area Injured: (circle) N/A

Face/head	Hand(s)/finger(s)	Leg(s)	Eye(s)
Toe(s)/foot	Arm(s)	Back	Torso
Lungs	Skin	Other _____	

Type of Injury: (circle)

Scrape/Cut	Strain/sprain	Burn	Fracture
Bruise	Foreign body		
Other _____			

Death (Fatalities must be reported within 8 hours to OSHA (800) 922-2689)

Type of Care: First Aid? YES NO

Sent for Medical Treatment? YES NO

Overnight in hospital? YES NO

[Overnight hospitalizations must be reported to an OSHA field office within 24 hours of employer notification – Medford 541-776-6030]

801 Form Completed? YES NO

How did situation develop that led to the accident/incident?

Act		Conditions	
<input type="checkbox"/>	Failure to observe general or departmental safety rule(s)	<input type="checkbox"/>	Unsafe construction or design
<input type="checkbox"/>	Improper procedure	<input type="checkbox"/>	Machine/equipment inadequately guarded
<input type="checkbox"/>	Operating at unsafe speed	<input type="checkbox"/>	Defective tool, equipment or substance
<input type="checkbox"/>	Using unsafe tools or equipment	<input type="checkbox"/>	Unsafe clothing
<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Hazardous arrangement
<input type="checkbox"/>	Working on moving or dangerous equipment	<input type="checkbox"/>	Improper lighting
<input type="checkbox"/>	Failure to use Personal Protective Equipment	<input type="checkbox"/>	Improper ventilation
<input type="checkbox"/>	Other:		

Give a **detailed** account of the situation that led to the accident/incident:

Has this type of incident occurred in the past within the division? YES NO

If yes, please explain: _____

HOW can a similar accident/incident be prevented?

Was corrective action taken? YES NO Not applicable

If yes, what type of action, when and by whom?

OR Corrective action is scheduled for _____

Employee Acknowledgement (Signature)

Date

Supervisor Signature

Date

Department Director Signature

Date

Supervisor provides copy to Department Director

Original to Human Resources; HR provides copy to Central Safety Committee, Streets Division, and Legal, if needed.