

SAFETY POLICY AND PROCEDURE MANUAL

All Euramax Subsidiaries

Number I-2.0 – Accident Investigation and Reporting

Number I-2.0

Issued: 1/2009

Revised: 05/2015

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1.0 PURPOSE:

To thoroughly and comprehensively investigate reportable accidents, damage accidents, first aid accidents and near miss incidents to determine root causes, and to take the appropriate actions to prevent recurrence.

2.0 POLICY:

All incidents involving property damage, injury or near misses will be thoroughly investigated and properly reported at all Euramax facilities.

3.0 RESPONSIBILITIES:

- A. It is the responsibility of the **Facility Leader** to ensure compliance with this procedure in its entirety.
- B. It is the responsibility of all **Employees** to follow the requirements of this procedure.

4.0 PROCEDURE:

- A. For the purpose of reporting accidents, injuries, illnesses and near misses the following definitions will be used:
 - 1. ACCIDENT - Any situation that occurs whether an injury resulted or not. This includes damage to equipment, facility or property of others on or off company property.
 - 2. IN PLANT FIRST AID - An injury which does not require the care of a physician and can be attended to by on-site first aid personnel. Examples include, but are not limited to: first degree burns, foreign bodies in the eye which can be removed by simple irrigation, skin abrasions, small cuts and minor contusions.
 - 3. FIRST AID - Injuries or illnesses known as “First Aid” are reportable to our insurance carrier **IF treatment involves medical treatment by a physician or other registered professional personnel.** They are not recordable under the OSHA 300 Log if the following applies: “First Aid” is the one time treatment and any follow-up visit for the purpose of observations of minor cuts, scratches, burns, splinters and so forth which do not ordinarily require medical care. Even if treatment is provided by a

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physician or registered professional. Examples: x-rays for diagnosis with no problems found, Tetanus or booster shots as preventative treatment, medications if prescribed for preventative treatment purposes only, secondary consultations of specialists as a preventive measure.

4. RECORDABLE ACCIDENT - Non-fatal cases without lost work days which resulted in medical treatment other than “First Aid”. Medical treatment includes treatment administered by a physician or by a registered professional and include, but not limited to: stitches, prescribed medications. Recordable accidents must be entered in recordable section of OSHA 300 Log.
5. ILLNESS - Occupational illness caused by equipment, process or chemicals used in the of company products. NOTE: Carpal Tunnel Syndrome is considered an illness since it occurs over time because of repetitive movements.
6. LOST TIME ACCIDENT - Other than fatalities, incidents that resulted in a lost work days after the injury in which the employee was scheduled to work. The day of the injury or illness does not count towards a lost time accident. Lost time days do not have to be consecutive. Lost Time Accidents must be entered on OSHA 300 Log in the Recordable and Lost Day sections of the log.
7. FATALITIES - Death. Regardless of the time between the injury and death or the length of illness (some states have special reporting requirements for fatalities) the fatality must be entered on OSHA 300 Log.
8. INJURY FREE EVENT - Include near misses and property damage incidents and the similar items where no physical injury occurs.

B. REPORTING:

- a. All safety incidents must be reported to the facilities Regional Operations Manager and the Corporate Safety Coordinator within 24 hours.
- b. Any OSHA recordable or incident requiring treatment of a professional healthcare provider, that involves an employee of Euramax, must be reported to Euramax’s Insurance Carrier.

* Uncontrolled if printed *

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- c. Injuries or illness to Temporary Employees working through a Temporary Agency and supervised by the facility must be entered on the OSHA 300 Log, but not reported to the Euramax insurance carrier. Contract workers that are injured while working on company property, but not supervised by the facility should not be reported in the OSHA 300 log.
 - d. Within 48 hours, a completed Accident Investigation Reporting Form (see attached) must be completed for all First Aid, Recordable, and Lost Time incidents.
 - e. Such form must be sent to the Euramax Corporate Safety Coordinator for distribution to all facility leaders.
- C. All first aid, recordable, and lost time accidents must be investigated as follows:
- a. Using the Euramax Accident Investigation Reporting Form (see attached) the Supervisor or Facility Leader will start the investigation. All questions on the Euramax Accident Report **must be completed in it's entirety**. At no time should the absence of either person be cause to delay an investigation. They shall appoint a designee to be responsible to investigate accidents during their absence.
 - b. The Supervisor/Facility Leader should promptly investigate the incident, identify the employee or equipment involved, witnesses involved, and, if possible, keep things from being moved at the scene. The Supervisor/Facility Leader should get a statement from the employee exactly where and how the accident occurred. Witnesses or co-workers should be interviewed to further understand the root cause. Digital cameras should be used to record the scene after obtaining the facts through interviews and examination of the scene, the Supervisor and/or Facility Leader should identify the root cause of the incident.
 - c. Within 24 hours of all Recordable or Lost Time accidents, **a plant-wide meeting must be conducted to discuss the accident** and the corrective action to be taken. This meeting is the responsibility of the Supervisor/Facility Leader who conducted the investigation.

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- D. Any employee involved in a Safety Incident is required to be tested for drug and/or alcohol use – NO EXCEPTIONS.

Drug and alcohol tests must be conducted as soon as possible after the incident, but in no case more than 24 hours, unless there is a valid reason, e.g., employee reported it after 24 hours. In this case, the employee is still tested and they will be reviewed for discipline.

It is the responsibility of the Facility Leader/Supervisor to arrange transportation and an escort to the designated facility for all employees who must submit to a drug and alcohol tests. The escort must be an employee who is in a leadership role with the company.

- E. Normally the reasons for the accident or near miss are related to an unsafe condition and/or an unsafe act. If it is an unsafe condition, the JSP (see C-5.0: Job Safe Practice) must be reviewed and rewritten (if necessary). If it was an unsafe act, the employee involved must be disciplined in accordance with normal progressive disciplinary procedures for the facility.
- F. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.

5.0 ATTACHMENT / FORMS:

- A. Accident Investigating Report Form

6.0 PROCEDURE HISTORY:

Original Issue – 1/2009
Reviewed and Updated – 11/2011
Reviewed and Updated – 5/2015



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LTA Recordable First Aid Near Miss Product/Facility Damage Other

Incident Information

Facility (Address): _____

Incident Date: _____ Time of Incident: a.m. p.m.

Date Reported: _____ Time Reported: a.m. p.m.

Day of the week incident occurred: _____ Hours into Shift: _____

Reported to Whom (Name): _____

Employee Name: _____ Social Security #: _____

Date of Hire: _____ Date of Birth: _____ Age: _____

Sex: Male Female Employee Status: FT PT Temp

Street Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Home Department: _____

Dept Incident Occurred In: _____ Job Performed: _____

Supervisor's Name: _____

Employee's Normal Schedule: _____ Average Hours per week: _____

Average Weekly Earnings: _____ Is modified work available: Yes No

Will employee be compensated for lost time? Yes No

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Clinic/Treatment Provider: _____ Phone #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date sent to the clinic: _____

Describe Injury:

Fracture <input type="checkbox"/>	Strain/Sprain <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	Burn <input type="checkbox"/>
Puncture <input type="checkbox"/>	Cut/Scrape <input type="checkbox"/>	Contusion <input type="checkbox"/>	Death <input type="checkbox"/>
Illness <input type="checkbox"/>	Laceration w/stitches <input type="checkbox"/>	Other (Please describe) <input type="checkbox"/> : _____	

What body part was affected?

Thigh <input type="checkbox"/>	Eye <input type="checkbox"/>	Head <input type="checkbox"/>	Back <input type="checkbox"/>	Thumb <input type="checkbox"/>	Wrist <input type="checkbox"/>
Elbow <input type="checkbox"/>	Leg <input type="checkbox"/>	Hand <input type="checkbox"/>	Foot <input type="checkbox"/>	Chest <input type="checkbox"/>	Groin <input type="checkbox"/>
Ankle <input type="checkbox"/>	Ear <input type="checkbox"/>	Face <input type="checkbox"/>	Knee <input type="checkbox"/>	Finger <input type="checkbox"/>	Stomach <input type="checkbox"/>

Other (Please describe) : _____

Type of Treatment Employee Received: _____

Did employee return to work on date of injury? Yes No

Does the employee have restrictions? Yes No

Will the employee lose any time from work other than the first day? Yes No

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Investigation Worksheet

Ergonomic Considerations

1. Was ergonomics a factor in this incident? Yes No
If yes, please explain:

Work Area Considerations

1. Was an unsafe condition a factor? Yes No
2. Was there a distraction of any kind involved in the incident? Yes No
If yes, please explain:

Machinery Considerations

1. Was there any equipment problems reported recently? Yes No
2. Was Lockout/Tagout involved? Yes No
3. Were guards and/or safety devices a factor in the incident? Yes No
If yes to any, please explain:

Material Handling Considerations

1. Was excessive speed a factor? Yes No
2. Was the incident a result of equipment failure? Yes No
3. Was the load improperly centered/balanced? Yes No
4. Was obstructed vision a factor? Yes No
5. Was the equipment inspected according to policy? Yes No



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Training Considerations

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1. | Did an unsafe act cause the incident? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Was the employee trained on proper safety procedures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Had the procedures to run the job changed recently? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Was PPE being used improperly? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | When was the last time the employee ran the job? | | | | |

Other Considerations

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| 1. | Was a drug/alcohol test performed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Did any additional factors contribute to the incident? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
- If so, please explain:

Employee Description:

Describe how the incident occurred?

Witness Information/ Description:

List witnesses to the incident:

Witnesses' description of incident:

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Supervisor's Investigation

Supervisor's investigation of incident:

What was the unsafe act or condition?

Corrective Actions:

Immediate Action:

Long Range: _____

Target Action Date: _____

Has employee received previous disciplinary action?

Yes No

If **yes**, indicate date:

Will discipline be issued for this incident?

Yes No

If **no**, explain:

Were all employees notified about the incident through plant meetings?

Yes No

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Number and Title of Written JSP (Job Safe Practice): _____

Is the hazard identified in the JSP: Yes No

Does the JSP need to be reviewed: Yes No

Program Failure: (Check one or more programs whose failure contributed to this incident)

Housekeeping Hazard Control Safety Meeting Near Miss PPE

Other (Please describe) : _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Facility Leader Signature: _____ Date: _____

Pictures need to be attached to this report when submitted.