



NATURE OF INJURY:

- Overexertion (muscle strain, hernia)
- Fall on Same Level
- Slip (not a fall)
- Heat Exhaustion
- Inhalation, Absorption of Chemical
- Contact with Electric Current
- Struck Against (rough/sharp object or surface)
- Rubbed or Abraded Against
- Caught In – Under - Between
- Struck by Flying Object
- Struck by Sliding, Falling or Other Moving Object
- Contact w/Temperature Extremes (hot or cold)
- Injured during Police enforcement action
- Other: _____

THIS PAGE IS TO BE COMPLETED BY THE EMPLOYEES SUPERVISOR

- Is the validity of the injury in question? Yes No
- Employee provided first aid? Yes No
- Employee requested medical care? Yes No
- Caused by Non City personnel? Who? Yes No
- Employee contact Risk after treatment? Yes No
- Did employee return to work same day? Yes No
- Type of first aid received: _____
- Medical facility used: _____
- Light duty available in the department? Yes No N/A

CAUSE(S) Based on Investigation; Mark ALL Appropriate Boxes below

UNSAFE ACTS:

- Unsafe Loading/Lifting/Carrying

HAZARDOUS CONDITIONS:

- Inadequate Ventilation
- Improper Lighting

- Failure to Use Personal Protective Equipment
- Using Defective and/or Broken Equipment/Machine/Tool
- Defeating Safety Device / Machine Guard
- Operating Equipment/Machine/Tool without Authority
- Machinery in Motion – Adjusting, Clearing Jams, Cleaning
- Operating at Unsafe Speed
- Failure to Warn Others
- Horseplay (distracting, startling, teasing other associates)
- Failure to observe proper or established safety procedures
- Inattention
- Other: _____
- NO UNSAFE ACT(S)

- Slippery Work Surface
- Improperly Guarded Equipment/Machine/Tool
- Defective Equipment /Machine/Tool
- Poor Housekeeping
- Improper Dress or Apparel (i.e. wearing jewelry)
- Contact with Harsh Chemicals or Skin Irritants
- Unsafe Design or Construction
- Unsafe Work Procedure or Work Practice
- Hazardous Weather (High Wind, Lightening, Rain, Hail)
- Combative Citizen
- Other: _____
- NO HAZARDOUS CONDITION(S)

What corrective ACTION is planned? By Whom? _____

What is the corrective action completion Date:	
Supervisor's Signature:	Date:
Employee's Signature:	Date:

Failure to promptly report an injury or incident may result in the denial of the claim.

ORIGINAL TO Risk Management; MAKE COPY FOR SUPERVISOR