

ACCIDENT/INJURY REPORT

This form is to be used to report workplace accidents, to include: near misses, injuries, illnesses, or exposures. Use ballpoint pen and attach additional sheets to this report if more room is needed. The Individual will complete Part I of this report. The supervisor or instructor will conduct a thorough review and complete Part II. The Safety Officer will investigate the event, identify a primary cause if possible, add any written recommendations, make copies, and distribute the form when completed.

Do not move equipment involved in a work-related accident involving a fatality, hospitalization of 2 or more staff, or serious injury unless moving the equipment 1) allows victims to be removed or 2) prevents further accidents. The equipment must not be moved until a representative of the Department of Labor & Industries investigates the accident and releases the equipment.

Class II Connectional Inclusives Office Number		PAR	T 1 - TO BE C	COMPLETED	Within 24	hours
6. Job Classification/Working Trile 7. Normal scheduled shift 9. Assigned Work Location 10. Address/Mail Stop 11. Location of Incident, Facility, Building - Se-General, Le., (example) West Compiler Flood Service Black Door. 14. What parties of body was affected (e.g., right ankle, left index finger, lungs, etc.)? 15. Type of Injury/Illness/Exposure (check all that apply) AcherSoneness Burn-Steam Body Ruids or Stood of Another Person Another Person Disziness Furnes/Gas/Vapors Contact with Disease Infection Wound/Abrasion Sprain/Strain Tingling/Numbness Nausea Burn-Chemicals Contrasion/Bruises Nausea Burn-Blarno No Injury/Illness Other Needle Stick/Add type and brand name of needle styrings in # 16 below) 17. What have you done or are going to do to ensure accidents/incidents of this type do not happen in the future? 18. Old this incident coour during training? Yes No 19. Do you believe you were assaulted by an offender? (per DOC 800.180 Assault Stenetis to Employees) Yes No No No No No No No N	Employee Use Electronic Form Contract staff Use Electronic Form Volunteer		Class IV Off Site Work Crew Class III Institutional Support			Offender Number
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State Injury Report Form

American Railway Engineering Association

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In a world defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is actually aweinspiring. Enter the realm of "**State Injury Report Form**," a mesmerizing literary masterpiece penned by a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve in to the book is central themes, examine its distinctive writing style, and assess its profound affect the souls of its readers.

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