

Hive13 Report of Injury Form

Instructions: Use this form to report all Hive13 related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. Complete this form and email it to Leadership@hive13.org.

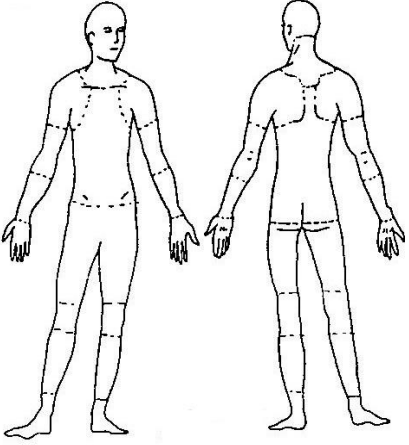
I am reporting a Hive13 related:		Injury	Illness	Near miss
Your Name:				
Your Email:			Your Phone:	
Have you told a Warden or Leader at Hive13 about this injury/near miss? Yes No				
Date of injury/near miss:			Time of injury/near miss:	
Names of witnesses (if any):				
Where, exactly, did it happen?				
What were you doing at the time?				
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):				
What could have been done to prevent this injury/near miss?				
What parts of your body were injured? If a near miss, how could you have been hurt?				
Did you see a doctor about this injury/illness?			Yes	No
If yes, whom did you see?				
Date:		Time:		
Has this part of your body been injured before?			Yes	No
If yes, when?				
Your signature:			Date:	

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Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a:	Death	Lost Time	Dr. Visit Only	First Aid Only	Near Miss
Date of incident:	This report is made by: Member <input type="checkbox"/> Leadership <input type="checkbox"/> <input type="checkbox"/> Other_____				

Step 1: Injured Person (complete this part for each injured person)

Name:	Sex: Male Female	Age: DOB
Address	Phone:	Email
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input checked="" type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This person: <input type="checkbox"/> Member <input type="checkbox"/> Guest <input type="checkbox"/> Adult <input type="checkbox"/> Minor <hr/> <hr/>

Step 2: Describe the incident

Exact location of the incident:	Exact time:	
What part of employee's workday? During a meal or break	Entering or leaving Hive13 Working Late	Doing normal activities Other_____
Names of witnesses (if any): Was 911 called? Yes No Name of Doctor and or Hospital (if any):		

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Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets:			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____ 	Unsafe acts by people: (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <div style="text-align: right;">Yes No</div> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
Have there been similar incidents or near misses prior to this one? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the member(s) Improved Documentation
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: