|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee: |  | Craft: |  | STF  SUP  FMN | |
| APP  JNY  OTH | |
| Supervisor: |  | Date / Time: |  | **/** |  |
| Work Area: |  | | | | |

# Details

|  |  |
| --- | --- |
| What was the employees work assignment? (Location, activities, tools in use, etc.) | |
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|  | |
|  | |
| What factors may have contributed to the event? (*unexpected* actions/conditions) | |
| Unsafe Action  Unsafe Condition  Could be both, explain completely, use back | |
|  | |
|  | |
|  | |
|  | |
| What could be done to prevent future events like this? (*Proactive* suggestions.) | |
|  | |
|  | |
|  | |
|  | |
|  | |
| Did you witness the injury? | Yes  No |
| Do you question the validity of the injury? | Yes  No |
| *Provide any additional details on the back of this form or on an attached sheet of paper.* | |

**Statement:** I certify that the above facts are true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Supervisor** |  | **Date of Report** |