

DEPARTMENT SUPERVISOR'S ACCIDENT COST REPORT

Injury Accident X

No-Injury Accident _____

Date 6-23 Name of injured worker Thomas Black

1 How many other workers (not injured) lost time because they were talking, watching, helping at accident? 1

About how much time did most of them lose? 0 hours 20 minutes

2 How many other workers (not injured) lost time because they lacked equipment damaged in the accident or because they needed the output or aid of the injured worker? 30

About how much time did most of them lose? 0 hours 20 minutes

3 Describe the damage to material or equipment Hydraulic cylinder crushed by fork on lift truck. Cylinder scrapped and replaced with new part.

Estimate the cost of repair or replacement of above material or equipment \$ 280.00

4 How much time did injured worker lose on day of injury for which he was paid? 2 hours 45 minutes

5 If operations or machines were made idle Will overtime work probably be necessary to make up lost production? Yes ☒, No ☐ Will it be impossible to make up loss of use of machines or equipment? Yes ☐, No ☒

Demurrage or other special non-wage costs due to stopping an operation \$ 118.00 (est.)

6 How much of supervisor's time was used assisting, investigating, reporting, assigning work, training or instructing a substitute, or making other adjustments 1 hours 30 minutes

Name of supervisor Alan Hoskin

Fill in and send to the safety department not later than day after accident

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FIG 7-3 — This cost form (8½ × 11 in.) should be prepared by the department supervisor as soon after the accident as information becomes available on the amount of time lost by all persons and the extent of damage to product and equipment