

22 Personal protective equipment required? (Protective glasses safety shoes safety hat safety belt) _____

Was injured using required equipment? _____

23 What can be done to prevent a recurrence of this type of accident?
(Modification of machine mechanical guards correct environment training)

24 Detailed narrative description (How did accident occur why objects equipment tools used circumstance assigned duties
Be specific) _____

(Use additional sheets as required)

25 Witnesses to accident _____

Date prepared _____ Signature of Foreman/Supervisor _____

Department _____

SUPERINTENDENT'S APPRAISAL AND RECOMMENDATION

a In your opinion what action on the part of injured (or ill) person or others contributed to this accident?

b Your recommendation _____

Date _____ Signature of Superintendent _____

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Temporary Total ☐ Permanent Partial ☐ Death or Permanent Total ☐

Started losing time _____ Part of Body _____

Returned to work _____ Per cent loss or
loss of use _____

Time charge _____ Time charge _____ Time charge 6 000 days

Compensation \$ _____ Medical \$ _____ Other \$ _____ Total \$ _____

Name and address
of hospital _____ Name and address
of physician _____



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FIG 11-2b - Central portion is filled in by higher level of management Bottom portion of form is filled in by the safety department (as the facts become available) and contains data for computing injury rates and costs