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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A NONGOVERNMENTAL PRIVATELY SUPPORTED PUBLIC SERVICE ORGANIZATION This form meets information requirements of OSHA form 101

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FIG 6–2b —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