

ACCIDENT RECORDS AND INJURY RATES

For Office Use Only
(Enter as Facts become available)

8 Temporary Total ☐

Started losing time _____

Returned to work _____

Time charge _____

Permanent Partial ☒

Part of Body Left index finger

Pay cont. loss or loss of use Scheduled

Time charge 100 days

Death or Permanent Total ☐

Time charge _____

9 Compensation \$ 162.00 Medical \$ 85.00 Other \$ 319.00 (est. uninsured)

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Fig. 9-2b. The reverse side of the "Supervisor Accident Report" is filled in by the safety department and contains information necessary for computing injury rates. If available, cost data are put under item 9 on this form. The information from this report is useful also in safety meetings and in accident analysis work.

INJURY RECORD OF EMPLOYEE <u>S.D. Smith</u> <u>845</u> (Write Name) (Number)						
Occupation <u>Packer</u> Department <u>Shipping</u> Date Employed <u>9-23</u>						
Case Number	Date of Injury	Type (Fatal, Perm., Temporary, Non disabling)	Days Charged	Compensation and other costs	Cause Assigned	Remarks (Reverse side may also be used)
164	2-12	Non-disab.	0	0	Unsafe Act	None

Stock No. 129-22
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Fig. 9-3. The "Injury Record of Employee," a 4 x 6 in. card, for recording injuries.

accidents have occurred. It is often impossible to recall with accuracy the details of an accident, and if details are not recorded accurately and completely at the time of the accident, they may be lost forever.

Injury record of employee. So that a rec-

ord of the injury experience of each employee can be kept, a special form is available. (See Fig. 9-3.)

Since, after cases are closed, the first-aid report and the supervisor's accident report are filed by agency of injury (type of ma-