

CITY OF SAINT PAUL

SUPERVISOR'S SAFETY REPORT

INJURY OR AGGRAVATION

THIS FORM MUST BE COMPLETED by the supervisor for each work-related injury or aggravation within 24 hours

Date of hire: _____ Time employee started work _____ COSP Employee Number _____

DEPARTMENT _____ DIVISION _____ ACTIVITY CODE _____

1. First Name _____ Middle Name or Initial _____ Last Name _____

2. Date of Injury _____ Time of Injury _____

3. Type of Claim No Injury/Illness First Aid Treatment Only Injury Illness

4. Attachments Photos Diagrams Statements Supporting Documents

5. Type of Incident:

- | | | |
|--|--|--|
| <input type="checkbox"/> Assault/Violent Act by Person | <input type="checkbox"/> Slip/Fall | <input type="checkbox"/> Repetitive Motion |
| <input type="checkbox"/> Caught in Equipment or Object | <input type="checkbox"/> Struck Against Object | <input type="checkbox"/> Electrical Exposure |
| <input type="checkbox"/> Fire/Explosion | <input type="checkbox"/> Struck by Object | <input type="checkbox"/> Exposure to Harmful Substance |
| <input type="checkbox"/> Overexertion/Sprain/Strain | <input type="checkbox"/> Transportation Accident | <input type="checkbox"/> Patient Lifting |
| <input type="checkbox"/> Other (Explain) _____ | | |

6. Location of incident _____

7. Was incident on city property? Yes No

8. Was site of injury visited? Yes No Date of site visit _____

9. Contributing Work Activity or Procedure:

- | | | |
|--|---|--|
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Nullifying safety devices | <input type="checkbox"/> Failed to follow rules/procedures |
| <input type="checkbox"/> Failure to make secure/shutdown | <input type="checkbox"/> Using equipment unsafely | <input type="checkbox"/> Taking shortcuts |
| <input type="checkbox"/> Working/moving at unsafe speed | <input type="checkbox"/> Using unsafe equipment | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Failure to warn/signal | <input type="checkbox"/> Taking unsafe position/posture | <input type="checkbox"/> Failure to use PPE available |
| <input type="checkbox"/> Failure to cleanup/pickup | <input type="checkbox"/> Failure to ask for assistance | <input type="checkbox"/> Other (Explain) _____ |

10. Root Cause(s) of Incident: (events leading to the incident) _____

11. What can be done to prevent similar occurrence? _____

12. Did another person, tools, or equipment contribute to this injury? No Yes- -Identify and describe how _____

13. If injury occurred outdoors, describe the weather conditions _____

14. Environmental Conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Inadequate Guards or Safety Devices | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Defective Equipment, Tools, Etc. |
| <input type="checkbox"/> Inadequate Warning Devices | <input type="checkbox"/> Projection Hazards | <input type="checkbox"/> Hazardous Chemical Conditions |
| <input type="checkbox"/> Fire/Explosion Hazards | <input type="checkbox"/> Congestion, Close Clearance | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Unexpected Movement Hazards | <input type="checkbox"/> Hazardous Placement/Storage | <input type="checkbox"/> Inadequate Illumination |
| <input type="checkbox"/> Weather Related | <input type="checkbox"/> Hazardous Personal Attire | <input type="checkbox"/> Other (Explain) _____ |

15. Was or can any corrective action taken? No Yes—Describe _____

16. Any additional information regarding the case _____

Supervisor's Name (Print) _____ Supervisor's Phone _____

Supervisor's Signature _____ Date _____

DEPT AND SPVRS SHOULD KEEP A COPY OF THE COMPLETED FORMS - Please make sure the following forms are completed - First report of injury, Supervisor safety report and Employee safety Report.

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