

<b>Location of Incident/Injury/Illness (Supervisor Section)</b>		<b>OSHA CASE #:</b>
Facility:	City, State:	Department, Machine or Area:

<b>Employee Information (Supervisor Section)</b>		
Name: (last, first)	SS#:	Department:
Home Address:	Date of Birth:	Occupation:
	Home Phone:	Job when injured:

<b>Incident/Injury/Illness Information (Supervisor Section)</b>			
Incident Date:	Report Date:	Type of Illness/Injury/Body Part:	
Incident Time:	Report Time:	Doctor/Hospital:	
Description of Incident: (explain how occurred, people, equipment, process):			
Time Shift Began:	Emergency Room Treatment? Yes No	Hospitalized Overnight? Yes No	Witnesses:

<b>Employee Statement of Facts (Employee fills out this section; include signed and dated attachments as necessary)</b>			
1. Please provide a step by step description of this incident, including what you were doing just before it happened.			
2. Please describe, in detail, any personal injury/illness that resulted from this incident and any medical treatment including medications received.			
3. Describe the status or condition of any work surface, tool, equipment or other physical element involved in this accident.			
4. Describe the location of the accident.			
5. Please state how you might have kept this incident from occurring.			
6. Please state what you think the company can do to help protect against a repeat occurrence of this type incident.			
7. <b>Medical Release Authorization:</b> I hereby authorize Badger Swimpools to be furnished any information and facts regarding this injury (or illness), including reports and records, diagnosis, treatment, prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of handling my claim.			
Employee Signature:			Date:

<b>Cause and Prevention Analysis</b>				<b>(Include Supervisor Signed and Dated Attachments As Necessary)</b>			
<b>Person Injured / Illness : As Applicable</b>	yes	no	n/a	<b>Working Conditions : As Applicable</b>	yes	no	n/a
◆ Unsafe acts / practices				◆ Normal routine conditions			
◆ Lack of safety awareness				◆ Normal, Non-routine conditions			
◆ Lack of proper training				◆ Abnormal conditions			
◆ Was judgment a factor?				◆ Employee created unsafe conditions			
◆ Not following proper procedure / practice				◆ Unsafe working conditions			
◆ Lack of proper supervision				◆ Not a factor			
◆ Other (explain below)				◆ Other (explain below)			
<b>Other Persons Involved / Witnesses : As Applicable</b>				<b>Equipment or Facility : As Applicable</b>			
◆ Unsafe acts / practices				◆ Employee did not recognize hazard			
◆ Lack of proper training				◆ Recognized hazard - no action taken			
◆ Was judgment a factor?				◆ Hazardous design factor			
◆ Lack of experience				◆ Hazardous installation factor			
◆ Not following proper procedure / practice				◆ Improper Use of equipment			
◆ Acceptance of unsafe practice / condition				◆ Inadequately maintained equipment			
◆ Lack of proper supervision				◆ Wrong equipment used			
◆ Not a factor				◆ Not a factor			
◆ Witnesses? (Attach signed statements)				◆ Other (explain below)			
<b>Job Procedures – Are they :</b>				<b>Job Procedures – Are they : (con't.)</b>			
◆ Adequate for the job				◆ Written procedures available			
◆ Understood by employees				◆ Safety Issues / Training Documented			
◆ JSA has been covered with employees				◆ Other (explain below)			

**Cause(s):** (consider people, actions, procedures, training, supervision, equipment, and facility conditions)


**Action(s) Taken To Prevent Recurrence:** (consider injured employee(s), other employee(s), procedures, training, equip)  
**Give Completion Dates for Action Plans:** (provide specific action plans and respective dates)


Foreman Signature:	Date:	Comments / Concerns:
Operations Manager Signature:	Date:	Comments / Concerns:
Human Resources Manager Signature:	Date:	Comments / Concerns:

**Workers' Compensation Reporting (Completed by HR/Medical/Supervisor or Manager)**

Male	Female	Employee Classification:	Length of Service:	Average Hours per Day:
Marital Status: # Dependents:		Shift:	Time on Present Job:	Average Days per Week:
Substance Abuse Testing? Yes No		Reason for OSHA recording or non-recording:	Date of Hire:	Corrective Action? No Yes N/A