



CITY OF PITTSBURG

**MINOR INCIDENT REPORT ON-THE-JOB INJURY OR ILLNESS**

*This form is to be used for **First Aid**<sup>1</sup> claims or for reporting an incident where no medical care was sought or received*

**Instructions:**

- This form is to be used to record the events of a minor incident/first aid claim no other forms are required for minor incidents.
- Type or legibly print your responses to each question below.
- Keep a copy for department records and return the completed form to the Human Resources Department within three (3) calendar days.

**Instructions to Employees:** Please be as thorough and accurate as possible in describing the nature of the injury and the events leading up to and/or causing the incident.

**EMPLOYEE'S ACCOUNT OF INCIDENT**

Name: _____	Today's Date: _____
Department: _____	Job title: _____
Place of Incident: _____	
Date of Incident: _____	Time of Incident: _____
In your own words explain in detail what you were doing prior to the incident and then how you believe the incident happened.	
_____ <i>Employee's Signature</i>	

<sup>1</sup> **First Aid Defined:** "First Aid" is any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first aid even though provided by a physician or a registered professional personnel. [quoted from Title 8, California Code of Regulations, section 14311c]

# CITY OF PITTSBURG

## SUPERVISOR'S REPORT OF INCIDENT

### Instructions to Supervisors:

- Find principal cause(s) of incident to help in preventing future incidents. Use an unbiased approach during investigation.
- Ensure hazardous conditions are corrected immediately or restrict access to equipment, area, etc. until any hazardous conditions are corrected.

Date injury reported _____	Time of injury: _____
Employees usually works hours per day: _____	Days per week: _____
Total hours week _____	Shift start time: _____

Did the employee work his/her full shift?  yes  no

Was the employee paid for the balance of the shift?  yes  no

Are there witnesses to the accident?  yes  no (if yes, have witnesses complete Account of Accident Form. For non-employee, please include address & telephone number)

Were other employees also injured?  yes  no

If yes, please name the other injured employees:

**What was the employee doing when injured?** (*Be specific: identify tools, equipment or materials the employee was using.*)

**How did the incident or exposure occur?** (*Describe fully the events that resulted in injury or occupational illness. Tell what happened and how it happened.*)

**Do you agree with the employee's account of injury?**  yes  no

If no, describe why not?

## CITY OF PITTSBURG

**Check applicable items in each of the following categories:**

Injury/Illness	Part of Body	Injury Source
Abrasion	Abdomen	Bodily motion
Bruise, contusion	Arm	Building
Burn	Back	Chemical (attach MSDS)
Cumulative trauma	Chest/Shoulder	Electrical
Cut, puncture	Ear	Machine
Dermatitis	Eye	Material handled
Emotional	Foot	Motor vehicle
Hearing	Finger	Tool
Radiation	Head	Walking surface
Shock, electrical	Internal	Unknown
Sprain, strain	Leg	Other (describe above)
Visual	Mouth	
Multiple (describe above)	Neck	
	Nose	
	Toe	
	Wrist	
	Multiple (describe above)	

Accident Type	Immediate Accident Causes/Actions	Conditions
Absorption, inhalation, ingestion of toxins	Bypassing safety devices	Design, construction
Bodily reaction	Distraction, inattention	Dress
Caught in/under	Equipment, malfunction	Guarding
Contact w/electrical	Failure to secure or warn	Illumination
Contact w/noise	Failure to use protective equip.	Tools
Contact w/extreme temp	Failure to wear proper attire	Traffic
Fall	Horseplay	Ventilation
Motor vehicle	Improper use of body	Other (describe above)
Overexertion	Improper use of equip/tools	
Rubbed, abraded	Inadequate maintenance	
Struck against	Incorrect lifting, carrying	
Struck by	Operating at unsafe speeds	
Unknown	Operating without authority	
Other (describe above)	Poor housekeeping	
	Taking unsafe position	
	Third party liability	
	Unstable loading, stacking	
	Using defective equip/tools	
	Working on live equipment	

**Corrective Action Follow-up:**

Purchased equipment	Training plan
Work ordered to correct hazardous condition	Operating procedure changed
Counseled employee on safe work habits	Other

## CITY OF PITTSBURG

### Corrective Action Follow-up Cont.:

State specifics of follow-up corrective actions (such as PO#/delivery date; work order #/completion date; type of training/start & completion date; description of operating procedure & implementation date):

### Management action *(check as many items as necessary):*

<input type="checkbox"/>	Develop, revise written SOP	<input type="checkbox"/>	Install, replace, adjust guards	<input type="checkbox"/>	Provide/monitor protective equip
<input type="checkbox"/>	Initiate, revise, enforce rules	<input type="checkbox"/>	Institute job hazard/ergonomic analysis	<input type="checkbox"/>	Provide special communications
<input type="checkbox"/>	Improve emergency system	<input type="checkbox"/>	Modify, replace tools, equipment	<input type="checkbox"/>	Review with safety committee
<input type="checkbox"/>	Improve housekeeping	<input type="checkbox"/>	Provide inspections, observations	<input type="checkbox"/>	Revise equipment, layout
<input type="checkbox"/>	Improve job orientation, training	<input type="checkbox"/>	Provide better employee placement	<input type="checkbox"/>	Other

**In cases involving an unsafe act or condition (unguarded equipment, etc.) the involved employee must be counseled and given written documentation and/or the unsafe condition corrected before employee is put back to work and/or the equipment in question is used again.**

### Other action:

### Additional comments (if any):

### Incident Report Review -

***I certify that I have reviewed the "Minor Incident Report" and found it to be accurate and complete.***

Name of Supervisor:

### Incident Report Review -

***I certify that I have reviewed the "Minor Incident Report" and found it to be accurate and complete.***

Name of Division Manager: