Work Related Illness / Injury Supervisor Report

King County

Human Resources Division
Safety and Claims Management
ADM-ES-0500
500 Fourth Avenue, Suite 500
Seattle, WA 98104
206-477-3350 Fax 206-296-0514

Employee Name	Home Address	Home Phone

Date of Birth	Sex	Marital Status	Job Title
	☐ M ☐ F	☐ Married ☐ Not Married	

Department / Division	Work Phone	Workshift from	Days Per Week	Regular Days Off
		_____ to _____ (hours)	_____	_____

Work Location	Supervisor / Chief Name	Supervisor / Chief's Phone #

Employment Category	ID #	Org #	**SIF-2 Claim #**
☐ Temporary ☐ Seasonal ☐ Regular, full-time ☐ Regular, part-time			

Mail Stop	Did accident or exposure occur on King County premises?	Location	Date Reported	Date of Occurrence
	☐ Yes ☐ No			

Time	Shift	Doctor / Hospital, Address, Phone #	Eyewitness
☐ a.m. ☐ p.m.	☐ 1 ☐ 2 ☐ 3		

Did injury cause loss of time (other than on day of injury?)	If yes, date last worked	If known, date returned to work	Time lost from work on day of injury
☐ Yes ☐ No	_____		_____ hours

Will this injury restrict employee's normal job duties?	If the employee's job duties are restricted, for approximately how many days?
☐ Yes ☐ No	

Police report filed?	Do you have light duty available? If so, describe
☐ Yes ☐ No	

Transit Only	Coach #	Route #	Run #	Coach Type: ☐ Trolley ☐ Motor Coach ☐ Streetcar ☐ Van

Check one item in each of the following three categories:

Part of the Body

- ☐ Abdomen
- ☐ Ankle: ☐ L ☐ R
- ☐ Arm: ☐ L ☐ R
- ☐ Back: ☐ Low ☐ Upper
- ☐ Buttocks
- ☐ Chest
- ☐ Chin
- ☐ Ears: ☐ L ☐ R
- ☐ Elbow: ☐ L ☐ R
- ☐ Eye: ☐ L ☐ R
- ☐ Face
- ☐ Finger: ☐ Index ☐ Middle ☐ Ring ☐ Little
- ☐ Foot: ☐ L ☐ R
- ☐ Forearm: ☐ L ☐ R
- ☐ Forehead
- ☐ Glasses
- ☐ Groin
- ☐ Hand: ☐ L ☐ R
- ☐ Head
- ☐ Heart
- ☐ Heel: ☐ L ☐ R
- ☐ Hip: ☐ L ☐ R
- ☐ Internal
- ☐ Jaw
- ☐ Knee: ☐ L ☐ R
- ☐ Leg: ☐ L ☐ R
- ☐ Lung
- ☐ Mental
- ☐ Mouth
- ☐ Multiple – Describe in A
- ☐ Neck
- ☐ Nose
- ☐ Pelvis
- ☐ Respiratory – Upper
- ☐ Rib
- ☐ Scalp
- ☐ Shoulder: ☐ L ☐ R
- ☐ Stomach
- ☐ Teeth
- ☐ Thumb: ☐ L ☐ R
- ☐ Toe ☐ Toes
- ☐ Wrist: ☐ L ☐ R
- ☐ Other – Describe in A
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Accident Type

- ☐ Altercation
- ☐ Animal / Insect
- ☐ Assault: ☐ Physical ☐ Verbal
- ☐ Bending
- ☐ Bicycle
- ☐ Carrying
- ☐ Caught
- ☐ Caught by fixed object
- ☐ Caught in or between
- ☐ Caught under
- ☐ Climbing
- ☐ Contact w/chemical
- ☐ Contact w/fire or flame
- ☐ Contact w/hot object
- ☐ Contact w/steam or hot fluid
- ☐ Driving
- ☐ Electric shock
- ☐ Explosion
- ☐ Extreme temperature
- ☐ Fall from different level
- ☐ Fall from ladder
- ☐ Fall from liquid or grease spill
- ☐ Fall from same level
- ☐ Fall from stairs
- ☐ Foreign body
- ☐ Gunfire
- ☐ Gripping
- ☐ Hand tool
- ☐ Horseplay
- ☐ Inhalation
- ☐ Ingestion
- ☐ Jarring / bouncing
- ☐ Jumping
- ☐ Kneeling
- ☐ Lack of oxygen
- ☐ Lifting
- ☐ Motor vehicle accident
- ☐ Noise
- ☐ Object handled
- ☐ Observation
- ☐ Over exertion
- ☐ Pulling
- ☐ Pushing
- ☐ Power tool
- ☐ Reaching
- ☐ Recreation
- ☐ Repetitive motion
- ☐ Rubbed
- ☐ Running
- ☐ Shoveling
- ☐ Sitting
- ☐ Slipped, did not fall
- ☐ Standing
- ☐ Stepped in / on or off
- ☐ Stretched
- ☐ Struck against fixed object
- ☐ Struck by moving object
- ☐ Struck by falling object
- ☐ Struck by flying object
- ☐ Throwing
- ☐ Training exercise
- ☐ Tripped, did not fall
- ☐ Tugging
- ☐ Twisted
- ☐ Vibration
- ☐ Walking
- ☐ Workplace environment
- ☐ Other – Describe in B
- ☐ _____

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Accident Type: *Transit Specific*

- ☐ Adjusting Mirror
- ☐ Coach – Object accident
- ☐ Coach – Vehicle accident
- ☐ Entering / leaving coach
- ☐ Fall from bumper
- ☐ Fall from coach step
- ☐ Overexertion driving
- ☐ Pulling poles
- ☐ Steering coach
- ☐ Struck by passenger
- ☐ Wheelchair lift
- ☐ Other_____

Source of Injury

- ☐ Bodily motion
- ☐ Building
- ☐ Chemical (Attach MSDS)
- ☐ Electrical
- ☐ Machine
- ☐ Material handled
- ☐ Motor vehicle
- ☐ Stairs / ladder
- ☐ Tool
- ☐ Walking surface
- ☐ Work surface
- ☐ Unknown
- ☐ Other (Describe specific source in Section B: name of chemical, tool, machine, material, etc.)

Immediate Accident Causes **Check as many items as necessary in this category**

Actions

- ☐ Bypassing safety devices
- ☐ Distraction, inattention
- ☐ Failure to secure or warn
- ☐ Failure to use protective equipment
- ☐ Failure to wear proper attire
- ☐ Horseplay
- ☐ Improper use of body
- ☐ Improper use of equipment, tools
- ☐ Inadequate maintenance
- ☐ Incorrect lifting, carrying
- ☐ Operating at unsafe speeds
- ☐ Operating without authority
- ☐ Poor housekeeping
- ☐ Taking unsafe position
- ☐ Unstable loading, stacking
- ☐ Using defective equipment, tools
- ☐ Working on live equipment
- ☐ Other – Describe in section C

Conditions

- ☐ Arrangements
- ☐ Congestion
- ☐ Design, construction
- ☐ Guarding
- ☐ Illumination
- ☐ Tools
- ☐ Traffic
- ☐ Ventilation
- ☐ Other – Describe in Section C

A. Description of Injury/Illness/Body Parts Injured *(Do not include diagnosis or confidential medical information)*

B. What was the employee doing *(Be specific. Identify tools, equipment or material, describe activities.)*

C. How did the accident occur? *(Describe fully the events leading to the injury or illness. What happened and how did it happen? Name objects or substances and tell how they were involved. Give full details on all factors that led or contributed to the accident.)* (For **Contaminated Sharps Injuries**, include type and brand of device involved and where incident occurred.)

Management Action: *(Check as many items as necessary. If action is pending, document below. Include target date.)*

- ☐ Initiate, revise, enforce safe work practices
- ☐ Management, revise written Process/SOP
- ☐ Improve emergency/medical system
- ☐ Improve housekeeping, maintenance
- ☐ Improve job orientation, training
- ☐ Install, replace, adjust guards
- ☐ Institute job hazard/ergo analysis
- ☐ Modify, replace tools, equipment
- ☐ Provide inspections, observations
- ☐ Provide proper employee placement
- ☐ Provide/monitor protective equipment
- ☐ Provide special communications
- ☐ Review via task force, consultant
- ☐ Revise equipment, layout
- ☐ Other (specify)

Transit Only:

- ☐ Collision w/vehicle
- ☐ Collison w/objects
- ☐ Collision w/people
- ☐ Derailments off road buses
- ☐ Parking facility
- ☐ Inside vehicle
- ☐ On right-of-way
- ☐ Egress
- ☐ Station
- ☐ Fire

_____ _____ (____)_____
Signature of Immediate Supervisor Date Phone

_____ _____ (____)_____
Signature of Manager Date Phone

Send to: Safety and Claims Management, ADM-ES-0500
Transit Only Copies to: Transit Safety, SAT-TR-0110, Base Safety Officer, Base File.