	Southern Heat Exchanger Services Safety Program	Section: 31
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Accidents and near accidents, whether resulting in injury or not, should be investigated to determine the cause and a means of preventing recurrences.

\* See Checklist for Accident / Injury Factors on Page 2.

Date of Accident:	Time of Accident: AM / PM	Date Accident Reported:
Person Injured:	SSN / Employee #:	
*Nature of Injury:	*Part of Body Injured:	
*Type of Accident:		
Equipment, Object or Substance Causing Injury:		
<b>Description --</b> Describe how the accident occurred (use diagram if necessary):		
<b>*Analysis --</b> What were the unsafe acts which contributed to the accident / injury?		
*What were the hazardous conditions?		
Could the accident recur	_____ often	_____ occasionally
Would a recurrence be	_____ severe	_____ serious
Cost of corrective action	_____ high	_____ moderate
		_____ rarely
		_____ minor
		_____ low
<b>Corrective Action</b> Action to be taken:		
Action already taken:		
<b>Property Damage:</b> Property:	Replacement Cost:	Equipment or Substance causing damage:
Description of Damage:		
Medical Treatment Refused / Not Needed: State Reason:		
Employee's Signature:		



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**SUPERVISORS ACCIDENT / INJURY REPORT**

Date	Onsite Supervisor's Signature:
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**CHECKLIST OF ACCIDENT / INJURY FACTORS**

**Nature of Injury**

Abrasions	Bruises-Contusions	Foreign Body	Puncture
Amputation	Cut	Fracture	Strain or Sprain
Burns	Dermatitis	Hernia	Other _____

**Body Part**


<u>Head &amp; Neck</u>	<u>Upper Extremities</u>	<u>Body</u>	<u>Lower Extremities</u>
Scalp	Shoulder	Back	Hips
Ears	Arms (Upper)	Chest	Thigh
Eyes	Elbow	Abdomen	Legs
Face	Forearm	Groin	Knee
Neck	Wrist	Other _____	Ankle
Skull	Hand		Feet
Mouth	Finger & Thumb		Toes
Other _____	Other _____		Other _____

**Type of Accident**

Over exertion (resulting in strain, hernia, etc.)	Struck against (rough or sharp object or surface)	Contact with electric current
Fall on same level	Struck by flying object	Inhalation, absorption, ingestion, poisoning
Fall to different level	Struck by sliding, falling or other moving object(s)	Other:
Caught in or between	Contact with temperature extremes, burns	

**Unsafe Act**

Failure to use personal protective equipment	Machinery in motion, clearing jams, cleaning	Failure to warn or secure
Unsafe lifting / carrying	Poor housekeeping	Unsafe loading
Making safety devices or guards inoperative	Using defective equipment, materials, tools, etc.	Failure to use equipment provided (except PPE)
Operating without authority	Operating at unsafe speed	Other / None

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**Hazardous Conditions**

Unguarded machinery                      Hazardous arrangement      Poor housekeeping  
 Improperly guarded machinery      Improper illumination              Congested area  
 Defective tools, equipment              Improper ventilation              Other \_\_\_\_\_  
 Unsafe design or construction      Improper dress                      No unsafe conditions

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**Contributing Factors**

Lack of Knowledge of skill              Disregard of instructions              Failure to report for medical care  
 Act of other than injured              Other \_\_\_\_\_                      No contributing factors