KITSAP COUNTY

VOLUNTEER SUPERVISOR'S REPORT OF ACCIDENT

ADDITION ADD	PLEASE PRINT. IF MORE SPACE	E IS NEEDED, ATTA	CH ADDITIC	DNAL SHEETS-ALL	RESPONSES W	ILL BE KEP	T CONFIDENTIAL		
PREVIOUS BUJURY HISTORY AGE SEX SOCIAL SEC. NO TOMAYS DATE WITHERSES TO ADDIDITIONALITY TO BE COMPLETED BY SUPERVISOR TO BE COMPLETED BY SUPERVISOR ACTIVITY PUSHING-PULLING I EIGHT DIEFT I EIGHT DIE EIGHT I	·			DEPARTMENT	SUPERVISOR			JOB TITLE	
TO BE COMPLETED BY SUPERVISOR TYPE OF MUNKY LISTING LI	ADDRESS			PHONE NUNBER		□ DA	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐		
DATE OF BUJURY TO BE COMPLETED BY SUPERVISOR TO BE COMPLETED BY SUPERVISOR ACTIVITY PUSHINGPIULING ILEFT HEAD INTERNAL IN	PREVIOUS INJURY HISTORY			AGE	SEX	SOCIA	AL SEC. NO	TODAY'S DATE	
TO BE COMPLETED BY SUPERVISOR ACTIVITY PUSHINGPULLING LEFT LIEFT FIRGER FRACHINGERTENDING FRACHING FR	TYPE OF WORK PERFORMED				WITNESSES TO ACCIDENT/INJURY				
TO BE COMPLETED BY SUPERVISOR ACTIVITY PUSHING-PULLING LIFTING LIFTIN	DATE OF INJURY			TIME OF INJURY	LOCATION				
ACTIVITY PUSHINGPULLING LIFTING LIFTING LIFTING LIFTING ELVENING ELVENING ELVENING ELVENING ENDING E	DESCRIBE ACCIDENT INCLUDING MACHINE, OBJECT OR SUBSTANCE INVOLVED, GIVE DETAILS								
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ACTIVITY PUSHINGPULLING LIFTING LIFTING LIFTING LIFTING ELVENING ELVENING ELVENING ELVENING ENDING E									
PUSHING/PULLING LIFTING BENDING LIFTING BENDING REACHING/EXTENDING MOSE GRON FRACTURE PINCH POINT MOUTH BUTTOKS FRACTURE PINCH POINT MOUTH BUTTOKS STRUCK ACANST ACANST SHOULDER TOE CLIMBING CLIMBITITION CLIMBING THUMB SHOULDER TOE TOE CONTUSION UNSAFE CLOTHING CLIMBING THUMB THUMB THUMB SEVERITY MEDICAL TREATMENT REQUIRED FIRST AID ONLY NO TREATMENT MEDICAL TREATMENT REQUIRED FIRST AID ONLY MEDICAL TREATMENT REQUIRED FIRST AID ONLY MEDICAL TREATMENT REQUIRED MEROPER TOOL USE MEROPER TOOL CONDITION LACK OF EVEFACE PROTECTION LACK OF EVEFACE PROTECTION LACK OF EVEFACE PROTECTION LACK OF FUEND PROTECTION LACK OF HEAD PROT	TO BE COMPLETED BY SUPERVISOR								
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WAS THE ACTIVITY A NORMAL PART OF THE JOB? WAS UNSAFE ACT COMMITTED? YES □ NO□ WERE CONDITIONS UNSAFE? YES□ NO□ DID VOLUNTEER GO TO THE DOCTOR YES□ NO□	ENVIRONMENTAL FACTORS CONGESTION HOUSE KEEPING STORAGE WEATHER UNEVEN GROUND VENTILATION OTHER DISTRACTI DRIVING EF EYES NOT NO TRAININ IMPROPER LACK OF EI LACK OF HI LACK OF		PROPER TOC CK OF EYE/F. CK OF HAND, CK OF HEAR! DSTURE/TECHAKING SAFETING KING UNSAFING (CRIVING ERROLI CRIVING ERROLI CES NOT ON TO D TRAINING D TRAINING ADEQUATE TO D BEHAVIORA	R TOOL CONDITION RYE/FACE PROTECTION IEAD PROTECTION IEAD PROTECTION IEARING PROTECTION IEARING PROTECTION TECHNIQUE AFETY DEVICES INOPERATIVE DADING PLACEMENT USAFE POSITION/LINE OF FIRE ING OR HORSEPLAY RRORS ON TASK NG ITE TRAINING		IMPR IMPR LACK LACK LACK POST MAKI UNSA TAKII DISTI DRIV NO T	IMPROPER TOOL CONDITION LACK OF EYE/FACE PROTECTION LACK OF HEAD PROTECTION LACK OF HAND/ARM PROTECTION LACK OF HAND/ARM PROTECTION LACK OF HEARING PROTECTION POSTURE/TECHNIQUE MAKING SAFETY DEVICES INOPERATIVE UNSAFE LOADING PLACEMENT TAKING UNSAFE POSITION/LINE OF FIRE DISTRACTING OR HORSEPLAY DRIVING ERRORS EYES NOT ON TASK NO TRAINING INADEQUATE TRAINING		
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