Print Form

Safety Incident No.

SAFETY INCIDENT PREVENTION FORM

City of Urbandale, Iowa

The City of Urbandale is committed to providing a safe and healthy work environment for its employees. The Employee Safety Committee uses the information on this form to investigate a safety incident and to prevent future incidents.

In the event of a safety incident:

- Immediately inform your supervisor.
- If a third party was involved, immediately call City Hall (278-3900).
- Within 24 hours, complete Box 1 of this form, and give the form to your supervisor.
- Within 24 hours, complete and submit to City Hall all applicable insurance forms.

BOX 1: EMPLOYEE Complete this section and give the form to your supervisor.

Employee Name: _____ Today's Date: _____

Department: _____ Position: _____

Incident Date: _____ Incident Time: _____ am / pm Date Reported: _____

Location of Incident (please be specific): _____

Reported To: _____ Witnesses: _____

Incident Type (Check all that apply): ____ Bodily Injury ____ Vehicle Collision ____ Other Property ____ 3rd Party

Did you or anyone else require medical treatment? ____Yes ____No

If yes, please explain:

_____

What was injured or damaged: _____

How did the incident happen and what caused (directly or indirectly) this incident: _____

_____

_____

_____

How can this incident be prevented from recurring: _____

_____

_____

_____ _____

Employee's Signature Date

BOX 2: SUPERVISOR Complete this section and give the form to your department director.

What was the employee's job assignment when the incident happened: _____

Was the employee adequately trained to do this job: ____ Yes ____ No

Was the employee following approved procedures: ____ Yes ____ No

If no, explain: _____

Is the employee's description of the incident accurate and complete: ____ Yes ____No

If no, please explain: _____

_____

What do you recommend to prevent repeating this incident: _____

_____

_____ _____

Supervisor's Signature Date

BOX 3: DEPARTMENT DIRECTOR Complete this section and send the form to City Hall

What will your department do to prevent a recurrence of this or similar incidents (check all that apply):

___ discuss incident with employee
___ discuss incident with all employees
___ discuss incident with supervisor(s)
___ change procedures
___ provide additional training
___ perform regular inspections
___ repair/replace/discard defective equipment
___ provide new/additional safety equipment
___ other _____

Briefly discuss any other actions your department will take to prevent a recurrence of this incident: _____
_____
_____

Please have the following individuals initial: _____ Employee _____ Supervisor _____ Safety Rep.

_____ Department Director's Signature

_____ Date

BOX 4: SAFETY COMMITTEE COORDINATOR Complete this section and send the form to City Hall

Check all that apply:

Awareness
____ Job not understood [110]
____ Lack of awareness of hazards involved [120]
____ Insufficient training [130]

Procedures
____ Lack of proper procedures [210]
____ Improvising unsafe procedures [220]
____ Failure to follow prescribed procedures [230]

Attention
____ Inattention, neglect of obvious safe practice [310]
____ Fatigue, reduced alertness, "hypnosis" [320]

No Fault
____ Caused by others [720]
____ No fault of employee—non-vehicle [730]
____ No fault of employee—vehicle [740]

Tools, Equipment, Facilities
____ Improper Use of tools, equipment, facilities [410]
____ Unsafe or defective tools, equipment, facilities [420]
____ Lack of proper tools, equipment, facilities [430]

Safety Guards and Equipment
____ Lack of guards, safety devices [510]
____ Lack of protective equipment, clothing [520]
____ Failure to use safety guards or equipment [530]

Other
____ Exceeding prescribed limits, load, speed, strength [610]
____ Poor housekeeping [620]
____ Misconduct, sabotage, deliberate violation [630]
____ Insufficient information to determine cause [810]

Describe any Safety Committee recommendations: _____
_____
_____

_____ Safety Committee Signature

_____ Date

BOX 5: SAFETY LIAISON Complete this section and conduct follow up activities as appropriate.

Follow up needed? ____No ____Yes, explain
_____

Follow up completed by (date): _____

Completed form to: _____ Dept Director _____ City Manager _____ Employee Personnel File